



**LITTLE STARS GYMNASTICS**  
**CLASS REGISTRATION FORM & WAIVER**  
6876 Pearl Road, Middleburg Heights · (216) 410-7637

Student Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Main) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Any Medical Conditions (asthma, allergies, etc): \_\_\_\_\_

How Did You Find Out About Us: ☐ Family/Friend ☐ Internet ☐ Other: \_\_\_\_\_

I hereby consent to the aforementioned person participating in the Little Stars Gymnastics program. I am fully aware of and have a complete understanding that potentially severe or catastrophic injuries, including permanent paralysis or death may be associated with any activity involving height or motion including gymnastics and related activities including tumbling and/or trampoline. I hereby release Little Stars Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by myself under the instruction, supervision, or control of Little Stars Gymnastics or while at any of its facilities. I hereby agree to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while training with Little Stars Gymnastics. The acknowledgement of risk and waiver of liability, having been thoroughly and understood completely, is signed voluntarily as to its content and intent. By my signature, I understand that this class is under an independent contractor who has sole control over its content and supervision.

**Photography Authorization & Release:** Photos will be taken periodically during all Little Stars Gymnastics classes. The photos will be used on our website and for various marketing and promotional print pieces for the purpose of promoting the Little Stars Gymnastics classes. The photos will never be given to or sold to any other media for any other use. By signing below you are giving Little Stars Gymnastics permission to photograph your child during classes and reproduce those images for the previously stated purposes.

☐ Yes - It is okay to photograph me ☐ No -Do not photograph me

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_