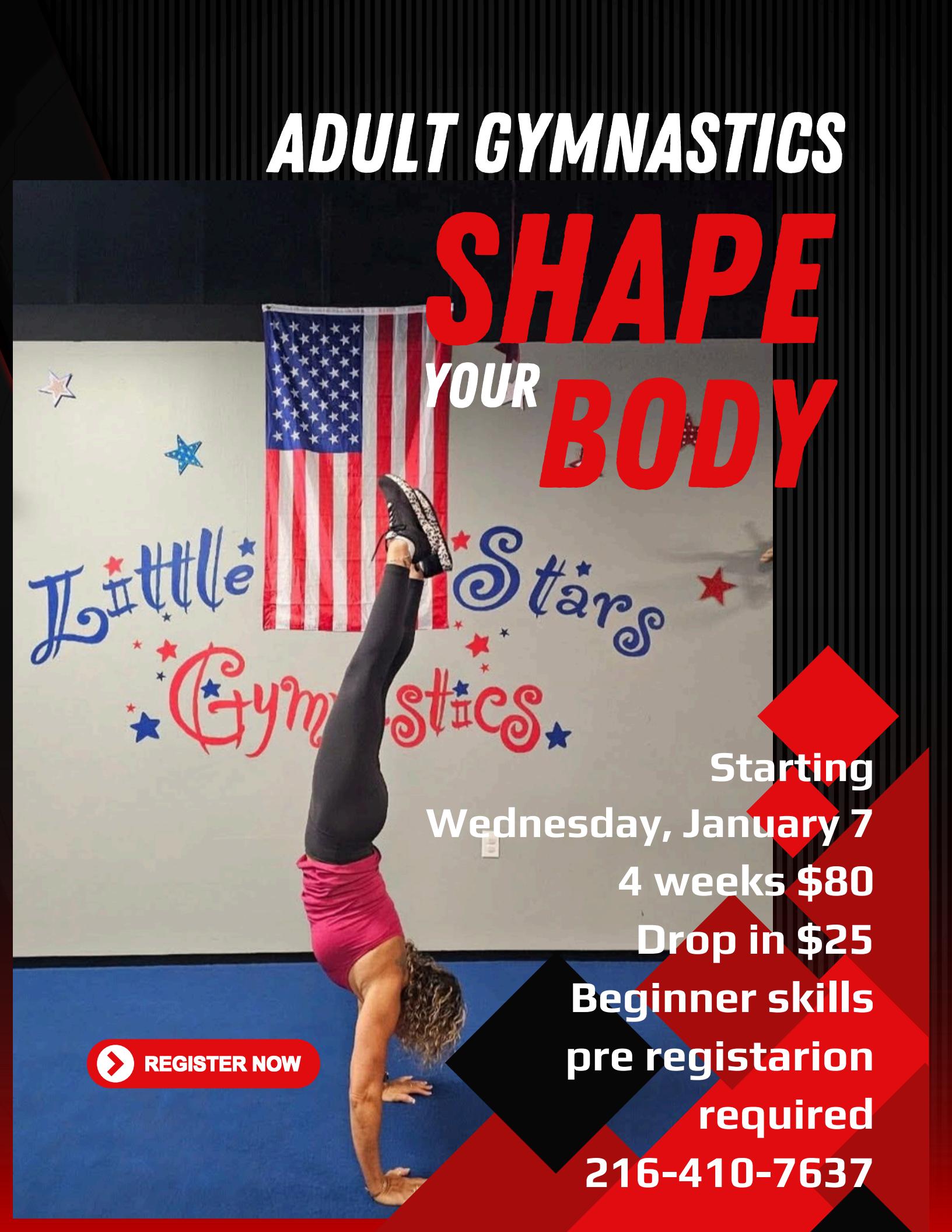


ADULT GYMNASTICS

SHAPE YOUR BODY



Little Stars
Gymnastics

Starting
Wednesday, January 7

4 weeks \$80

Drop in \$25

Beginner skills
pre registration
required

216-410-7637



REGISTER NOW



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: _____