2019-2020 Registration Form
GymStars Gymnastics, Inc.
977 Kings Highway, Saugerties, NY 12477
(845)246-3890

Student Name(s): _____ DOB _____ M F

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Students Live with Both Parents _____ Mother _____ Father _____

Mothers Name _____ Fathers Name _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

If both parents cannot be reached contact:

Name _____ Relationship _____ Phone _____

Doctors Name _____ Medical Insurance _____ Policy # _____

Any intolerance of drugs or medicine Y N Explain: _____

Any Restrictions Y N Explain _____

Experience in Gymnastics Y N How many years _____ Where _____

GymStars Gymnastics, Inc. annual registration **fee $50.00 and $80.00 for Family 2 or more.**

I fully understand that GymStars Gymnastics, Inc. staff members are not physicians or medical practitioners of any kind. I hereby release GymStars Gymnastics, Inc. staff to render temporary first aid to my child or children in the event of an injury or illness, and if deemed necessary by GymStars Gymnastics, Inc. staff member to call a doctor and seek medical help, including transportation by GymStars Gymnastics, Inc staff member or its representatives, whether paid or voluntary, to any health care facility or hospital, or calling of an ambulance for said child should GymStars Gymnastics, Inc. staff deem this to be necessary.

Parent/Guardian Signature _____ **Date** _____

We staff of GymStars Gymnastics, Inc. recognize our obligation to make our students their parents aware of the risk and hazards associated with the sport of gymnastics and tumbling. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics and tumbling can be dangerous and lead to injury! Parent's students should make their children aware of the possibility of injury, and encourage their children to follow all safety rules and coach's instruction. GymStars Gymnastics, Inc., its coaches and staff members, will not accept the responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, cheerleading, open workout, camp, birthday party, or in the curse of any exhibition, competition or clinic in which he or she may participate of while traveling to or from the event.

Being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by GymStars Gymnastics, Inc. I executors or other representatives, waive and release all rights and claims for damages that I or my child my have against GymStars Gymnastics, Inc. and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate and for my own protection. I also understand that it is the parent's responsibility to warn the child about dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. GymStars Gymnastics, Inc. will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent/Guardian Signature _____ **Date** _____

Release and Waiver of liability, Assumption and Risk Indemnity Agreement

In consideration of participating in GymStars Gymnastics, Inc. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such activity.

I fully understand that this activity involves the risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or interactions, those of others participating in the event, the conditions which the event takes place, or the negligence of the "releases" named below: and there may be other risks either known or not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation of the activity.

I hereby release, discharge, and covenant not to sue GymStars Gymnastics, Inc., its respective administrative, directors, agents, officers, volunteers, employees, other participants , sponsors, advisors, and applicable, owners and lessors of premises on which the activity takes place, (each considered on of the "releases" herein) from all liability, claims, demands, losses, or damages, on my account. I future agree that, if despite this release, waver of liability, and consumption of risk, I, or anyone on my releases from any loss, liability, damage or cost which may incur as the result as such claim.

I have read the Release an Waver of Liability, Assumption of Risk, and indemnity Agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be complete and unconditional release of all liability to the greatest extent allowed by law and agree of any portion pf this agreement is held to be invalid the balance , not withstanding , shall continue in full force and effect.

Print name of participant_____**Date**_____

And I, the minor's parent and/or legal guardian, understand the nature of the above reference activities and the minors experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge and covenant not to due and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releases from all liability, claims, demands, losses or damages on the minors account caused or alleged to have been caused in whole or in part by the negligence of the release of otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the above releases, I WILL INDEMNIFY SAVE AND HOLD HARMLESS each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost any releases my incur as the result of any such claim.

Printed Name of Parent or Guardian_____

Signature of Parent of Guardian_____ **Date**_____