

REQUIRED: In order to register for any class at Ultimate Gymnastics Academy, *this form must be completed and signed.*

Last Name: _____

Today's Date _____

Child #1 First Name: _____ Male/ Female DOB: _____ Class or Team _____

Child #2 First Name: _____ Male/Female DOB: _____ Class or Team _____

Child #3 First Name: _____ Male/Female DOB: _____ Class or Team _____

Address _____

Mother's Name _____ Home Phone: _____ Cell Phone: _____

Father's Name _____ Home Phone: _____ Cell Phone: _____

Email Address: _____ Emergency Contact & Phone: _____

Child's School _____ How did you hear about us? _____

Health & Insurance Information:

Insurance Co: _____ Policy # _____

Physician Name: _____ Phone Number: _____

Hospital Choice: _____ 2nd Medical Insurance Company: _____

Does your child have any medical conditions and/or allergies that we should be aware of? _____
(diabetes, asthma, heart problems, epilepsy, etc.)_

I give my permission and consent for UGA staff to treat listed children) in case of minor injuries.

PARENT/GAUARDIAN SIGNATURE: _____



Student and parent permission for UGA to photograph and/or video tape for promotional use, personal gym photos, or to sell to parents. X _____

Participant Agreement, Release, & Acknowledgement of Risk Waiver Form:

ULTIMATE GYMNASTICS ACADEMY, LLC. Is not responsible for any injury (or loss of property) to any person while practicing, taking class, competing, participating in open gym, fun gym, birthday parties, or in any other way involved in gymnastics, cheerleading, or preschool classes or teams at UGA. For any reason whatsoever, including ordinary negligence on the part of Ultimate Gymnastics Academy LLC., its owners, officers, directors, agents, or employees. I hereby give my consent to Ultimate Gymnastics Academy, LLC., or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation. By the very nature of the activity, gymnastics, and cheerleading all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, how many mats are provided, and how many times the skill may have been performed perfectly, the risk cannot be eliminated. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I UNDERSTAND AND ACCEPT THAT RISK.

Printed Name of Parent/Guardian or participant _____

Signature of Parent/Guardian or participant (if over 18): _____

FOR OFFICE USE ONLY:

CLASS: _____ DAY: _____

ANNUAL REG. FEE _____ CLASS PAYMENT _____

CHECK # _____ CASH: _____

CREDIT: _____ VISA/MC/ STAFF: _____