



## REGISTRATION FORM

**Chandler Gym**  
255 West Warner Road  
Chandler, AZ 85225  
(480) 857-7335

**Tempe Gym**  
1700 East Elliot Road – Suite 9  
Tempe, AZ 85225  
(480) 557-0006

Family Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

(1) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(2) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(3) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY PHONE:** (\_\_\_\_) \_\_\_\_\_ **RELATION:** \_\_\_\_\_

Any medical problems we should be aware of? \_\_\_\_\_

How did you hear about us? From a friend \_\_\_\_\_ Phone Book \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_  
(please specify)

In consideration of the agreement of Gold Medal Gymnastics Academy (hereinafter GMG) to accept my child(ren) (hereinafter participant) as a participant in GMG activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion or rotation in an unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assumes the risk of such injury to participant, his or her heirs, ancestors, executors, successors and assign from any and all liability, actions, claims and causes of action whatsoever on account of or in any way related to the participant or participant in GMG activities and does hereby agree to fully indemnify GMG from any medical expenses or damages resulting from any such accidental injury to participant while training or performing at or for GMG except where such expenses or damages are the result of intentional or reckless conduct of GMG. On many occasions newspapers, TV stations, etc., will visit GMG. They often take pictures or videos of our classes or teams. Signing this release will include giving permission for us to possibly use you or your child's picture in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture. This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I HAVE RECEIVED AND READ A COPY OF ALL GOLD MEDAL GYMNASTICS ACADEMY POLICIES AND AGREE TO ADHERE TO THEM, INCLUDING NO REFUNDS.

Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian

### PERMISSION TO TRANSPORT CHILD

I give Gold Medal Gymnastics Academy my permission to transport my child (name) \_\_\_\_\_

To (hospital/clinic) \_\_\_\_\_ for emergency medical or to

(dentist/clinic) \_\_\_\_\_ for emergency dental, or to the nearest available source of assistance.

Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian

List any facts to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_