**JOYS Gymnastics**

REGISTRATION FORM

Student Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_

Guardian Information

Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Information (is there anyone else we should notify in case of an emergency?)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER OF LIABILITY**

As legal guardian of the above-listed person, hereafter, child(ren), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports of activities involving height or motion, including but not limited to gymnastics and general gym play. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all JOYS Gymnastics programs and activities. **I ACCEPT ALL** **RISKS** associated with that participation.

In consideration for allowing me and my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors, and successors, hereby **COVENANT NOT TO SUE**, and **FOREVER** **RELEASE** JOYS Gymnastics its officers, employees or other agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of JOYS Gymnastics, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, employees or other agents.

In the event of an emergency, I would like my above-mentioned child(ren) to be taken to a hospital for medical treatment and hold JOYS Gymnastics and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at JOYS Gymnastics.

Further, by participating in activities at JOYS Gymnastics, I grant permission for me and/or my child(ren) to be filmed, videotaped, audiotaped, and/or photographed by any means and grant to JOYS Gymnastics full use of their likeness, voice, and words without compensation.

**COVID-19 I understand that while present at JOYS Gymnastics, I and my child(ren) will be in contact with children, families and staff who are also at risk of community exposure to COVID-19. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic (before they show signs of infection). I understand the risks my child(ren) and I by attending JOYS Gymnastics as it relates to COVID—19 and accept full responsibility for any consequences of my decision. I understand and agree that I will not hold JOYS Gymnastics responsible or legally liable for my decision or any further consequence of my decision as it relates to the risk associated with COVID-19**

Additionally, I have received a copy of the JOYS Gymnastics Class Guidelines and agree to follow them; with the understanding that failure to do so may result in the dismissal of my child from the class, session and/or program.

**I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent / Please Print**