



Student Information and Waiver Form

*** For Online enrollment this form must be signed in person, before the first class attended!**

1st Child

First Name _____ Last Name _____ Sex – Circle one: Male / Female

D.O.B. _____ School _____

2nd Child

First Name _____ Last Name _____ Sex – Circle one: Male / Female

D.O.B. _____ School _____

Address, City, State, Zipcode _____

Home Phone: _____ Emergency Phone _____ Email: _____

Email address is used strictly for informing you of special events, payment dues dates, gym closures and miscellaneous information – no email addresses will ever be sold.

Father's Name _____ Occupation _____

Work Number _____ Cell Number _____ Email: _____

Mother's Name _____ Occupation _____

Work Number _____ Cell Number _____ Email: _____

WHERE DID YOU HEAR ABOUT DESERT GYMCATS? _____

THE FOLLOWING PARAGRAPHS MUST BE READ AND SIGNED BY THE PARENT OR LEGAL GUARDIAN OF ALL MINOR STUDENTS OR BY THE STUDENT IF OF LEGAL AGE.

LIABILITY WAIVER:

I AM AWARE THAT PARTICIPATION IN THIS SPORT COULD BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY, INCLUDING BUT NOT LIMITED TO, SERIOUS HEAD OR NECK INJURY, PARALYSIS OR EVEN DEATH. I HEREBY ASSUME ALL RISKS ASSOCIATED WITH THE SPORT OF GYMNASTICS AND AGREE TO HOLD GYMCATS HARMLESS FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, DEBTS, CLAIMS OR DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH PARTICIPATION IN THIS SPORT.

I, AS PARENT OR GUARDIAN, HAVE BEEN INFORMED OF THE RISKS INHERENT IN THIS SPORT AS OUTLINED ABOVE AND AGREE TO HOLD GYMCATS, INC. AND STAFF MEMBERS HARMLESS FROM ANY LIABILITY WHICH MAY ARISE OUT OF PARTICIPATION IN CLASS TRAINING SESSIONS, RELATED ACTIVITIES OR TRAVELING TO AND FROM STATED CLASS SCHEDULES OR RELATED ACTIVITIES.

SIGNATURE: _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE: _____

FINANCIAL OBLIGATION:

I ASSUME RESPONSIBILITY FOR MEETING THE APPROPRIATE PAYMENT SCHEDULE. PAYMENTS ARE DUE BY THE 1ST CLASS OF EACH SESSION FOR SESSION PAYMENTS AND BY THE FIRST OF THE MONTH FOR TEAM MEMBERS WHO PAY MONTHLY. ANY CHILD REGISTERED FOR A SESSION OR A MONTH IS OBLIGATED FOR THAT ENTIRE FEE. MID SESSION WITHDRAWALS WILL NOT BE RECOGNIZED AND MAKE-UP CLASSES ARE FOR ILLNESS AND FAMILY EMERGENCY ONLY. MAKE-UPS WILL BE ALLOWED FOR STUDENTS WHO ARE CURRENTLY ENROLLED ONLY IF THEY CAN BE ARRANGED BY ATTENDANCE IN A SIMILAR CLASS WHICH IS NOT FILLED TO CAPACITY. I ALSO UNDERSTAND THAT A LATE CHARGE OF \$10 WILL BE ISSUED FOR LATE PAYMENT. I UNDERSTAND AND AGREE THAT IF MY CHILD WITHDRAWS FROM HIS/HER CLASS AFTER ENROLLMENT, I WILL CALL OR WRITE THE FRONT OFFICE TO NOTIFY GYMCATS OF THIS WITHDRAWAL. I, AS PARENT OR GUARDIAN, HAVE READ THE ABOVE AND BY SIGNING THIS FORM I AM AGREEING TO THE PAYMENT SCHEDULE OUTLINED ABOVE.

SIGNATURE: _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE: _____

VIDEO/PICTURE RELEASE

I understand that my child's picture or video may be used within promotion of Gymcats through it's website. I understand that if requested, the video or picture will be removed immediately. I will not hold Gymcats liable for any issues that arise due to this picture/video being used.

SIGNATURE: _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE: _____