**NORTH FLORIDA GYMNASTICS**

WWW.NFLGYM.COM

**Registration Form**

**4261 Eldridge Loop Orange Park, FL 32073**

**Phone: 904-278-8587 FAX: 904-278-8576**

STUDENT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLEASE CIRCLE SEX: **M F**

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOM CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOM EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAD EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY INSURANCE CARRIER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR IN THE CONSIDERATION OF $\_\_\_\_\_\_\_\_\_\_ PER MONTH, NORTH FLORIDA GYMNASTICS INC., AGREES TO MAKE \_\_\_\_\_ CLASSES AVAILABLE FOR THE ABOVE REGISTERED STUDENT. TUITION PAYMENTS & ANNUAL REGISTRATION FEES WILL AUTOMATICALLY BE DEDUCTED MONTHLY ON A CREDIT CARD OF YOUR CHOICE. IN THE EVENT A PAYMENT IS DECLINED TO NORTH FLORIDA GYMNASTICS FOR ANY REASON, I AGREE TO PROVIDE AN ALTERNATE CARD NUMBER FOR THE BALANCE DUE.

**ANNUAL REGISTRATION FEE & TUITION FEES ARE SUBJECT TO CHANGE PERIODICALLY. REGISTRATION FEE AT THIS TIME IS $\_\_\_\_\_\_\_\_\_\_**

***\*\*\*Your first class will be a free trial and you are not obligated to commit to any fees at this time\*\*\****

***I MAY TERMINATE THIS AGREEMENT WITH A WRITTEN WITHDRAWAL FORM OBTAINED FROM THE FACILITY, PROVIDED SAID NOTICE IS RECEIVED BY NORTH FLORIDA GYMNASTICS AT LEAST FIFTEEN (15) DAYS PRIOR TO THE BEGINNING OF THE MONTH I INTEND TO WITHDRAW. VERBAL NOTICE WILL NOT BE ACCEPTED. \_\_\_\_\_\_\_\_\_ Please Initial.***

BY PERMITTING MY CHILD TO PARTICIPATE IN NORTH FLORIDA GYMNASTICS PROGRAMS, I THE UNDERSIGNED UNDERSTAND AND ACKNOWLEDGE THE FACT THAT THE PARTICIPATION IN GYMNASTICS & CHEERLEADING INVOLVES A CERTAIN DEGREE OF RISK, AND I HEREBY RELEASE NORTH FLORIDA GYMNASTICS, ITS OWNERS AND EMPLOYEES, JOINTLY AND SEPARATELY, FRO M ANY AND ALL PERSONAL INJURY CLAIMS ARISING THROUGH OR FROM PARTICIPATION IN ACTIVITIES AS A STUDENT OF NORTH FLORIDA GYMNASTICS IN OR UPON THE PREMISES OF NORTH FLORIDA GYMNASTICS. I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING AND ACKNOWLEDGE RECEIPT OF A COPY OF THE PAYMENT AGREEMENT AND A COPY OF THE RULES AND REGULATIONS OF NORTH FLORIDA GYMNASTICS.

PARENT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please use the following waiver:**

When you have any participant that is a **minor.\*\*(**Parent of Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have the parental consent portion signed by the Parent and/or Legal Guardian. **This waiver**, when the parent gives the parental consent for the minor, **does NOT cover the parent** if something should happen to the parent. This waiver only covers the minor. If the Parent decides to participate in the same activity as the minor please Make sure the Parent signs the other Waiver in addition to this waiver.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (AGREEMENT")**

In consideration of participating in the NORTH FLORIDA GYMNASTICS CLUB, 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 acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may *be* caused by my own action, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and *I* fully accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue NORTH FLORIDA GYMNASTICS CLUB, INC., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk 1, or anyone on my behalf, makes a claim against any of Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the rest of such claim.

I have read the RELEASE AND WAIVER 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 a complete and unconditional release of all liability to the greatest extent allowed by law and agree that it any portion of the agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of participant (Child’s name) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there any medical concerns? Yes / No

Signature of participant (ONLY IF 18 OR OVER)

**PARENTAL CONSENT**

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

Printed name of Parent/or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_