

# 2018 Summer Evening Classes Registration Form



65 Post Office Park Wilbraham, MA 01095  
413 596-0089  
allamericangymnasticacademy.com

Last Name: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_ EMERGENCY NAME AND PHONE # \_\_\_\_\_

1ST CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ M \_\_\_ /F \_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

2ND CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_ /F \_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

3RD CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_ /F \_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

4TH CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_ /F \_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

NAME AND PHONE # OF PERSON PAYING IF DIFFERENT FROM ABOVE: \_\_\_\_\_

ANY LIMITATIONS WE SHOULD KNOW ABOUT: \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ DR. \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**Please sign Back of Form**

**\$20 per class when pre-register**

**\$24 per class day of class**

## Wednesday

## Thursday

date/payment

date/payment

date/payment

date/payment

June 27 \_\_\_\_\_ Aug 1 \_\_\_\_\_

June 28 \_\_\_\_\_ Aug 2 \_\_\_\_\_

July 4 \_\_\_no classes\_\_\_ Aug 8 \_\_\_\_\_

July 5 \_\_\_\_\_ Aug 9 \_\_\_\_\_

July 11 \_\_\_\_\_ Aug 15 \_\_\_\_\_

July 12 \_\_\_\_\_ Aug 16 \_\_\_\_\_

July 18 \_\_\_\_\_ Aug 22 \_\_\_\_\_

July 19 \_\_\_\_\_ Aug 23 \_\_\_\_\_

July 25 \_\_\_\_\_

July 26 \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in All American Gymnastic Academy programs, I understand the nature of this activity and that I am qualified, in good health, and all proper physical conditions to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue in participation in the activity.

I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis, and death which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place or the negligence of the "releases" named above; and that there may be other risks either not known to me or readily foreseeable at this time; and I fully accept and assume all such risks and all 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 All American Gymnastic Academy, its respective administrators, directors, agent officers, volunteers, and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premise on which the activity takes place (each considered one of the RELEASEES herein) from all liability, claims, demands, losses, or damage, 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 further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the 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 result 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 if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

### PARENTAL CONSENT

I hereby certify that the person(s) enrolled in this program, is/are willingly able to participate in this program with out any restrictions. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each releasees from all liability, claims, demands losses or damages on the minors account caused or alleged to have been caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if despite this release, I, the minor, or anyone on the minors behalf, makes a claim against the above Releasees,

I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

### CONSENT TO PHOTOGRAPH AND MEDIA RELEASE

I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at All American Gymnastic Academy or at a function sanctioned by All American Gymnastic Academy. I hereby grant permission to All American Gymnastic Academy to use my child's photograph, video, or likeness in any publicity or promotional publications including, but not limited to, web site, newspaper ads, bulletin boards, newsletters, programs, brochures, social media, public broadcasting releases, etc. and to allow the news media to film and/or photograph programs and activities for broadcast purposes. I also understand that no royalty, fee or any other compensation shall become payable to me by reason of such use.

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

\_\_\_\_\_  
Date

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