



**Registration/Emergency Form
All Information Required for Participation**

E-mail Address: _____ **required**

Parent/Guardian Name: _____ Phone: _____

Home Address: _____ (City, State, Zip)

Child Name 1: _____ Allergies/Medical Condition: _____ DOB: _____ M/F

Child Name 2: _____ Allergies/Medical Condition: _____ DOB: _____ M/F

Child Name 3: _____ Allergies/Medical Condition: _____ DOB: _____ M/F

Emergency/Alternate Contact Name: _____ Phone: _____

How did you hear about Kiki's Gymnastics? (Circle One): Radio Birthday Friend Other_____

In consideration, of the agreement, of Kiki's Gymnastics, (hereafter KG) to accept the above-named child (hereafter referred to as participant) as a participant in KG activities, the parent or legal guardian of said participant hereby state that they, he/she, understands that any activity involving height, speed, motion and flipping contain the possibility of accidental injury, and that he/she voluntarily assumes the risk of such injury. Further, I am aware and fully understand that gymnastics is a vigorous sporting activity and poses a risk of injury. I understand that gymnastics and other related activities always and inherently involve certain risk, including but not limited to: death, serious neck and spinal cord injuries resulting in complete or partial paralysis, brain damage and or serious injury to virtually all bones, joints, muscles and internal organs of the body. It is also understood that landing mats, pits and other safety equipment including the active participation of a safety spotter MAY be inadequate to prevent injury. In other words, the risk of harm may be limited by the safety equipment and coach participation, BUT NEVER ELIMINATED. I am voluntarily allowing participation in this activity with the knowledge of the risks involved and hereby agree to accept any and all risks of personal injury, property damage and even death.

In consideration of this participation in KG activities, I hereby release KG and employees of KG, from any and all future claims resulting from injury to participant at any KG activities. I affirm that I am of legal age, or the parent/legal guardian of the minor child listed above and that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am releasing KG of all future claims that may arise due to injury during participation in any KG event or activity.

I hereby authorize KG, if I cannot be reached, to seek medical treatment for my son/daughter. This does not include non-emergency or elective surgery.

We sometimes take photos or videos of our team or recreational children. Signing this release includes your permission for us to use your child's likeness in promotion and/or advertising for the gym.

We have a no refund policy. You are paying for your child's spot in the class. Since we cannot be responsible for missed classes, no refunds will be given for missed classes. Any class that is missed can be made up while enrolled.

This waiver/agreement, having been read through and understood completely, is signed voluntarily as to its content. Your signature also grants permission for us to communicate with you via email or text. You may opt out at any time.

Parent/Legal Guardian Signature: _____ Date: _____

