

Sunrise Gymnastics, Inc.
Registration Form 2017 / 2018

Child's Last Name:																								
Child's First Name:																								
Date of birth:										Age:					Boy					Girl				
Street:										City:										ZIP:				
Parent/Custodial parent or legal guardian:																								
Cell Phone:										Home Phone:														
Email																								
I'm signing-up for Sunrise Gymnastics email Newsletter:										YES					NO									
Other Parent/Custodial parent or legal guardian:																								
Cell Phone:										Home Phone:														
Email																								
I'm signing-up for Sunrise Gymnastics email Newsletter:										YES					NO									
Person responsible for the payment on this account (if different from above):																								
Cell Phone:										Home Phone:														
Email																								
In case of emergency, please call (other than parent):										Phone					Relationship									
Name:																								
Name:																								
PLEASE INFORM US OF ANY MEDICAL CONDITIONS OR ALLERGIES																								

Name of a child:

Class	Day	Time	Start Date	End Date	Fees
Enrollment Fee					
Total					

Please initial each line:

_____ I have read and understand **28 days written drop notification policy**. If the 28 days written notification is not given, I am still responsible for my tuition payments for the next session.

_____ I have read and understand that Sunrise Gymnastics does not mail invoices. I understand that if payments are made after the due date, I will incur a \$5.00 late fee per child each session.

Due dates for each 4-week session 2017/2018 are following date:

2	3	4	5	6	7	8	9	10
Sep 30	Oct 28	Nov 25	Dec 23	Jan 27	Feb 24	Mar 24	Apr 21	May 19

I give permission for my child to be photographed during gymnastics activities. I do understand that these photos may be used for marketing Sunrise Gymnastics and its programs. Please circle one and initial: YES NO _____

I have read and understand the Rules and Policy posted on Sunrise Gymnastics' web site and I agree to abide by them.

Parent's signature: _____ Date: _____

Other Parent's signature: _____ Date: _____

Sunrise Gymnastics Waiver and Release of Liability

Last Name of Child													First Name	Date of birth	B/G	
Street:													City:		ZIP:	
Parent's Last Name:					First Name:					Phone:						
Other Parent's Last Name:					First Name:					Phone:						

In consideration of the services of Sunrise Gymnastics, Inc., their agents, owners, officers, volunteers, participants, employees, and the other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Sunrise Gymnastics"), I hereby agree to release and discharge Sunrise Gymnastics, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that the activities involved in the use of any of Sunrise Gymnastics' services or facilities entail significant risks, both known and unknown, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties.
2. I expressly agree and promise to accept and assume all of the risks existing in these activities, both known and unknown, whether caused or alleged to be caused by the negligent acts or omissions of Sunrise Gymnastics. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Sunrise Gymnastics from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Sunrise Gymnastics equipment or facilities, including any such claims which allege negligent acts or omissions of Sunrise Gymnastics.
4. Should Sunrise Gymnastics or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or Indirectly, by any such condition.
6. I agree to abide by the rules of the facility.

Parent signature

Other Parent signature

Date