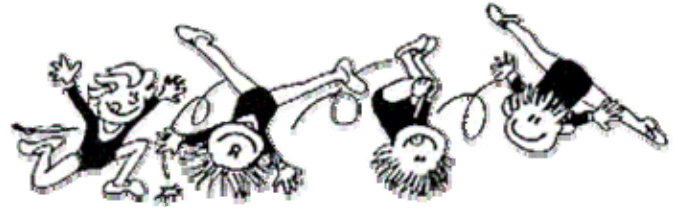


# Customer Info Sheet

## Gymnastics Plus

2730 Amherst Ave.  
Manhattan, KS 66502  
785-776-0400



How did you hear about us?

Friend    Newspaper    Television    Other

### Students

<u>Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Gender</u>	<u>Allergies &amp; Medications</u>	<u>School</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Mother

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail address

### Father

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail address

### Insurance & Medical Information

_____ Company	_____ Doctor's Name	_____ Dentist Name	_____ Hospital Name
_____ Phone	_____ Doctor's Phone	_____ Dentist's Phone	_____ Hospital's Phone
_____ Policy No.	_____ Group No.	_____ Doctor's Address	_____ Dentist's Address
		_____ Hospital's Address	

### Other Information

\_\_\_\_\_

\_\_\_\_\_

***By signing below you agree that all the information presented above is accurate. You also agree, that you have read the reverse side of this form and agree to all terms stated.***

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

\_\_\_\_\_  
Date

# Gymnastics Plus Registration Form Minor Participant Activity Waiver

## PAYMENT INFORMATION

Class tuition is due on the first day of each session. Payments are structured by session. A monthly rate is also available. Payments received after the second class period will be considered late and could result in a \$10.00 late fee. If payment is not received before the third class period, the participant will be denied access to the class. There is a \$25.00 returned check charge for any checks returned by the bank. Collection agency charges also apply. A full refund will be granted if enrollment is cancelled before the second class period. Refunds are not issued for missed classes. Up to three (3) make-up passes are provided each session. If you decide to drop our program for any reason, please notify us. You will continue to be billed and will be held liable for the payments until we are notified concerning attendance in our program.

## PARTICIPATION

I agree to comply with the rules of Gymnastics Plus. I/my child will only participate in those classes, events, competitions, and activities for which I believe I/he/she is physically and psychologically prepared. I am aware that gymnastics activities can involve motion, rotation and height in a unique environment and as such carries with it a certain assumption of risk.

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

In consideration of participating in the classes and/or activities at Gymnastics Plus 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 this Activity involves risks 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 "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 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 Gymnastics Plus, 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 is, 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

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 IDEMNIFY 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 this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

## PHOTO RELEASE

Gymnastics Plus **MAY** use the photo or video image of the participant for use in advertisement and any printed promotional material and for use in training videos for the coaching staff.

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

\_\_\_\_\_  
Date

Gymnastics Plus **MAY NOT** use the photo or video image of the participant for use in advertisement and any printed promotional material and for use in training videos for the coaching staff.

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

\_\_\_\_\_  
Date

# Gymnastics Plus Registration Form Adult Participant Activity Waiver

## PAYMENT INFORMATION

Class tuition is due on the first day of each session. Payments are structured by session. A monthly rate is also available. Payments received after the second class period will be considered late and could result in a \$10.00 late fee. If payment is not received before the third class period, the participant will be denied access to the class. There is a \$25.00 returned check charge for any checks returned by the bank. Collection agency charges also apply. A full refund will be granted if enrollment is cancelled before the second class period. Refunds are not issued for missed classes. Up to three (3) make-up passes are provided each session. If you decide to drop our program for any reason, please notify us. You will continue to be billed and will be held liable for the payments if we have received no notification concerning attendance in our program.

## PARTICIPATION

I agree to comply with the rules of Gymnastics Plus. I will only participate in those classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. I am aware that gymnastics activities can involve motion, rotation and height in a unique environment and as such carries with it a certain assumption of risk.

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

In consideration of participating in the classes and or activities at Gymnastics Plus 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 this Activity involves risks 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 "releasee" 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 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 Gymnastics Plus, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, and 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 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.

***By signing below you agree that you have read this form and agree to all terms stated.***

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## PHOTO RELEASE

Gymnastics Plus **MAY** use the photo or video image of the participant for use in advertisement and any printed promotional material and for use in training videos for the coaching staff.

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

\_\_\_\_\_  
Date

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Gymnastics Plus **MAY NOT** use the photo or video image of the participant for use in advertisement and any printed promotional material and for use in training videos for the coaching staff.

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

\_\_\_\_\_  
Date