



REGISTRATION FORM

ASSUMPTION OF RISK - WAIVER OF LIABILITY - MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and ball sports. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all activities at **ABOVE THE BAR GYMNASTICS LLC**, it's programs and activities and I **ACCEPT ALL RISKS** associated with this participation.

In consideration for my child(ren)'s participation, I hereby, for myself and my child(ren) and our respective heirs and successors, **COVENANT NOT TO SUE** and **FOREVER RELEASE** **Above The Bar Gymnastics LLC**, it's officers, directors, shareholders, employees, contractors, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In the event of an accident or emergency, I hereby authorize my child to be transported to a hospital for medical treatment and I hold **Above The Bar Gymnastics LLC**, it's instructors, coaches and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for **Above The Bar Gymnastics LLC**.

WEBSITE AND SOCIAL MEDIA RELEASE

Above The Bar Gymnastics LLC has my permission to use my or my child's photograph publicly to promote or share the gym's events. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. No photos will be used **EXCEPT IN PROMOTION AND PUBLIC VIEWING** BY Above the Bar Gymnastics LLC.

MAKE-UP POLICY

As a courtesy to our customers, we allow 2 make-up classes per session per registered class. Make-ups must be scheduled prior to the make-up and is subject to availability. You are not guaranteed a spot for a make-up. Make-ups will not be carried over to a new session. No make-ups will be scheduled during the last week of the Fall and Winter sessions due to end-of-session ceremonies. You must call ahead of your missed class to receive your make-up class. Failure to attend a scheduled make-up will result in the forfeiture of the make-up.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MAKE-UP POLICY, and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____ **Date:** _____

If relevant, Caregiver must also sign if accompanying a child in a Parent/Tot class.

CAREGIVER'S signature: _____ Date: _____

REGISTRATION INFORMATION

ABOVE THE BAR GYMNASTICS LLC
2235 YORK ROAD
JAMISON, PA 18929
215-343-8872
hello@atbgymnastics.com



LAST NAME: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

MOTHER'S(GUARDIAN) NAME: _____

PHONE: _____

FATHER'S(GUARDIAN) NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

EMAIL: _____

EMERGENCY CONTACT

(OTHER THAN ABOVE)

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP: _____ ALT. PHONE: _____

KNOWN MEDICAL CONDITIONS/CONCERNS? Any other information we should be aware of?

SIGNATURE REQUIRED - SEE REVERSE