

Sunrise Gymnastics, Inc.
Registration Form 2018 / 2019

CHILD

| | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|------|--|--|--|--|-----|--|------|--|--|--|
| Last Name: | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | Age: | | | | | Boy | | Girl | | | |
| Street | | | | | | | | | | City | | | | | ZIP | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

PARENT

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|------------------|--|-----|--|----|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| Cell Phone: | | | | | | | | | | Home/Work Phone: | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | |
| I'm signing-up for Sunrise Gymnastics email Newsletter: | | | | | | | | | | | | YES | | NO | | | | | | |

PARENT

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|------------------|--|-----|--|----|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| Cell Phone: | | | | | | | | | | Home/Work Phone: | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | |
| I'm signing-up for Sunrise Gymnastics email Newsletter: | | | | | | | | | | | | YES | | NO | | | | | | |

Emergency contacts (No parents!)

| | | Phone | Relationship |
|-------|--|-------|--------------|
| Name: | | | |
| Name: | | | |

PLEASE INFORM US OF ANY MEDICAL CONDITIONS OR ALLERGIES

Sunrise Gymnastics Registration Form (page 2)

Name of a child: _____

| Class | Day | Time | Start Date | End Date | Fees |
|----------------|-----|------|------------|----------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| Enrollment Fee | | | | | |
| Total | | | | | |

Please initial each line:

_____ I acknowledge Sunrise Gymnastics **14 days drop notification policy**. If the 14 days notification is not given, my account will be charged fees for next session on due date and 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 \$10.00 late fee each session. Due dates for each 4-week session are:

| | | | | | | | | |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Session 2 | Session 3 | Session 4 | Session 5 | Session 6 | Session 7 | Session 8 | Session 9 | Session 10 |
| Sep 29 | Oct 27 | Nov 24 | Dec 22 | Jan 26 | Feb 23 | Mar 23 | Apr 20 | May 18 |

YES NO _____ 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.

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

Parents' signature: _____ Date: _____

Other Parents' signature: _____ Date: _____

Sunrise Gymnastics Waiver and Release of Liability

| Last Name of Child | | | | | | | | | | | | | | First Name | Date of birth | B/G | |
|--|--|--|--|--|--|-------------|--|--|--|--|--|--------|--|------------|---------------|-----|--|
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| 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