



2017 - 18 REGISTRATION FORM

FALL S1
SPRING S2
SUMMER

Child's Last Name _____ Child's First Name _____

DOB ___/___/___ M / F Home Phone # _____ Health Insur. Carrier _____

E-mail _____

Home Address _____

Street City State Zip

Parent 1/Mother's Name _____ Cell # _____ Work # _____

Parent 2/Father's Name _____ Cell # _____ Work # _____

Emergency Phone # _____ Name _____ Relationship _____

Does your child have any injuries, allergies or illnesses, or is there anything else that we should be aware of? (Please circle one) Yes No

If yes, please indicate: _____

*** THIS INFORMATION, WHICH WILL BE KEPT IN CONFIDENCE, IS REQUIRED FOR THE SAFETY AND CARE OF YOUR CHILD ***

CLUB WAIVER AND RELEASE FORM

World Cup Gymnastics and its staff recognize our obligation to make our clients aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, Rompereee, trampoline, etc. World Cup Gymnastics and its staff will not accept responsibility for injuries sustained by any child, parent and/or caregiver during the course of any gymnastics activities and/or while arriving or departing or waiting anywhere on World Cup Gymnastics premises. Parents and/or caregivers should be aware of, and educate their children about the possibility of injury. Parents and/or caregivers should also encourage their children to follow all safety guidelines and World Cup staff instructions. Gymnastics can be dangerous and lead to injury. Students, parents and/or caregivers may suffer injuries, possibly minor, serious or catastrophic in nature.

Therefore, being fully aware of the risks and possibility of injury involved, I consent to have my child and/or myself participate in the programs offered by World Cup Gymnastics. I waive and release all rights and claims for damages that I or my child may have against World Cup Gymnastics and/or its representatives and staff, whether paid or volunteer. With this in mind, in the event of an injury or illness to my child or myself, and with the knowledge that World Cup staff members are not physicians or medical practitioners of any kind, I consent to the administration of temporary first aid to me and/or my child by World Cup staff if they deem it necessary, contacting a doctor and/or seeking medical help, transportation by a World Cup staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, calling 911 and/or an ambulance, etc. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's and/or my own protection. I also understand that it is my responsibility to continually remind my child about the dangers of gymnastics, tumbling, cheerleading, Rompereee, trampoline, etc. injury. World Cup Gymnastics staff members will continually remind the children, parents and/or guardians of safety guidelines during our programs, as well as post signs throughout the premises.

PHOTO RELEASE: I authorize that World Cup Enterprises LLC has the right to use all photographs or videos taken of my child or children during camp/classes/practices/field trips, etc. for advertising or promotional material, or on its website.

Print Parent's/Caregiver's/Participant's Name

Parent's/Caregiver's/Participant's Signature

Date

