



# Houston Gymnastics Academy

## Registration Form

FOR OFFICE USE ONLY

Client ID: \_\_\_\_\_ ProSchool: \_\_\_\_\_ Date Filled: \_\_\_\_\_ Initial: \_\_\_\_\_

### Student(s) Information:

#### 1. Student Name:

Class Code: \_\_\_\_\_

\_\_\_\_\_  
Last First

\_\_\_\_\_  
Gender (M/F) DOB (mm/dd/yy)

\_\_\_\_\_  
Please list any additional information we should be aware of. (Medical, allergy)

#### 2. Student Name:

Class Code: \_\_\_\_\_

\_\_\_\_\_  
Last First

\_\_\_\_\_  
Gender (M/F) DOB (mm/dd/yy)

\_\_\_\_\_  
Please list any additional information we should be aware of. (Medical, allergy)

#### 3. Student Name:

Class Code: \_\_\_\_\_

\_\_\_\_\_  
Last First

\_\_\_\_\_  
Gender (M/F) DOB (mm/dd/yy)

\_\_\_\_\_  
Please list any additional information we should be aware of. (Medical, allergy)

#### Students 18+ Information:

Class Code \_\_\_\_\_

\_\_\_\_\_  
Last First

\_\_\_\_\_  
Phone Number DOB (mm/dd/yy)

\_\_\_\_\_  
Home Address City State Zip

Parent/Guardian: DL# \_\_\_\_\_ State \_\_\_\_\_

1. Primary Contact: Mother, Father, Other: \_\_\_\_\_

\_\_\_\_\_  
Last First

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

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

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Email

2. Secondary Contact: Mother, Father, Other: \_\_\_\_\_

\_\_\_\_\_  
Last First

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

#### Emergency Contact (other than listed above)

\_\_\_\_\_  
Contact Name Phone

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Physician's Name Phone

#### Please List School Student Attends:

\_\_\_\_\_

### PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING:

*\*We are not a licensed Child Care Facility\**

I AM THE ABOVE-LISTED STUDENT AND AM OVER THE AGE OF 18 OR AM THE LEGAL GUARDIAN OF THE ABOVE-LISTED STUDENT(S), AND HAVE THE FULL AUTHORITY TO ENTER INTO THE AGREEMENTS HEREIN ON BEHALF OF MYSELF AND THE ABOVE-LISTED STUDENT(S).	Initial _____
I understand that the sport of gymnastics has a potential to be a dangerous activity involving many substantial dangers and risks, including, but not limited to, death, and injury, including neck and spinal injury, injury to internal organs, and injury to bones, ligaments, muscles, tendons, and other parts of the body. I understand the dangers and risks of participation by the above-listed student(s) may result not only in death or physical injury, but also could result in other impairment, including, but not limited to, impairment of the above-listed student(s)' future ability to earn a living, engage in business, or generally enjoy life.	Initial _____
I AGREE TO DEFEND, INDEMNIFY AND HOLD THE HOUSTON GYMNASTICS ACADEMY, AND ITS EMPLOYEES AND AGENTS HARMLESS, FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, DEBTS, CLAIMS, LAWSUITS, OR DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH THE ABOVE-LISTED STUDENT(S)' PARTICIPATION IN ANY ACTIVITIES, INVOLVING THE SPORT OF GYMNASTICS OR PARTICIPATION IN THE SAME, INCLUDING ARISING OUT OF INJURY, DEATH OR DAMAGE TO PROPERTY, REGARDLESS OF WHETHER SUCH ARE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE HOUSTON GYMNASTICS ACADEMY, OR ITS EMPLOYEES OR AGENTS. THIS AGREEMENT TO DEFEND, INDEMNIFY AND HOLD HARMLESS EXTENDS TO ANY CLAIMS THAT MAY BE STATED BY ME OR ANY OTHER PERSON, INCLUDING THE ABOVE-LISTED STUDENT(S)' HEIRS, ESTATE AND MEMBERS OF THE ABOVE-LISTED STUDENT(S)' FAMILY. I have read the above and understand its terms. This form is only valid for registration during the current registration dates and must be updated accordingly.	Initial _____
I understand that it is my responsibility to review the policies, procedures and guidelines of the Houston Gymnastics Academy and its various programs from time to time. They are available from the Front Office or online at www.houstongymnastics.com. Some of the more common policies, procedures and guidelines which are frequently asked about are: annual registration is required for participation in the Recreational Gymnastics Program with \$50 Class Drop Fees; refunds are issued on remaining balances minus the drop fee contingent upon the receipt of written notification of withdrawal from a program via the Front Office; make-ups are not available; late fees are assessed to accounts that are past due; responsibility for my child's whereabouts and care before and after class is solely the responsibility of the parent and/or care giver. Those enrolled in Adult Classes or Free Motion classes must keep session payments current or are subject to an automatic 4 session charge when account is delinquent.	Initial _____
I authorize the Houston Gymnastics Academy and its employees and agents to act for me and the above-listed student according to their best judgment in any emergency requiring medical attention when I cannot be reached for consent	Initial _____
I understand that Houston Gymnastics Academy retains all rights to the use of any photos, video or audio recordings taken while at the Houston Gymnastics Academy for use in publicity, advertising and any legitimate business purpose at no additional cost or commission.	Initial _____
FOR THE GYMNAST: BECAUSE OF THE DANGERS OF THE SPORT, I UNDERSTAND THE IMPORTANCE OF FOLLOWING THE COACHES' INSTRUCTIONS REGARDING TECHNIQUES, TRAINING AND OTHER RULES AND AGREE TO OBEY INSTRUCTION.	Initial _____

Parent Signature (Participant's signature if over 18)

Date

5804 S. Rice Avenue | Houston, Texas 77081 P | 713-668-6001 F | 713-668-5250  
E | FrontOffice@houstongymnastics.com HoustonGymnastics.com

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