



North Valley Gymnastics
 20815 N. 28th St.
 Phoenix, AZ 85050
 602-404-FLIP (3547)
 www.northvalleygymnastics.com

REGISTRATION and WAIVER Form

Mother's Name: _____	Cell Phone: _____ - _____ - _____
Father's Name: _____	Cell Phone: _____ - _____ - _____
Home Address: _____	Home Phone: _____ - _____ - _____
City/State/Zip: _____	
Email Address: _____	
Student's Name: _____	Age: _____ Birthdate: ____/____/____
Student's Name: _____	Age: _____ Birthdate: ____/____/____
Student's Name: _____	Age: _____ Birthdate: ____/____/____
Student's Name: _____	Age: _____ Birthdate: ____/____/____

How did you hear about us? _____

EMERGENCY & MEDICAL INFORMATION

Contact Name: _____	Phone #: _____ - _____ - _____
Insurance Co: _____	Policy #: _____
Any Medical Conditions to be aware of: _____	
Known Allergies: _____	Medications: _____

ACKNOWLEDGMENT of RISK and WAIVER of LIABILITY

As parent or legal guardian of the student(s) named above, I understand and appreciate the risks associated with the sport of gymnastics, cheer, dance, tumbling, trampoline, and related activities. I am fully aware of the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastic, cheer, tumbling, trampoline, dance and/or related activities.

I understand that it is the express intent of North Valley Gymnastics to provide for the safety and protection of my child and, in consideration for allowing my child to use this facility, I hereby forever waive and release North Valley Gymnastics, its officers, employees, instructors, directors, coaches, landlord, and independent contractors from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of North Valley Gymnastics.

I confirm that the above named student(s) are in good health and have no known physical impairments that would cause harm to the above named student(s) by participation in any North Valley Gymnastics program. I also agree to individually provide for the possible future medical expenses which may be incurred by my child while training at, or performing for North Valley Gymnastics.

Medical Release: I hereby give my consent to North Valley Gymnastics to provide emergency care and to give authority to any hospital, or doctor to render immediate aide as might be required at the time for his or her health and safety.

Image Release: I hereby give my consent to North Valley Gymnastics to use my child's image in any form of media, including print, television, and internet, for advertisement and promotional purposes.

As legal parent or guardian of the student(s) named above, I hereby verify by my signature below that I accept the conditions of the waiver and release and furthermore I permit my child to participate in the events provided by North Valley Gymnastics.

I HAVE READ AND FULLY UNDERSTAND ALL INFORMATION ABOVE.



Parent or Legal Guardian Printed Name



Parent or Legal Guardian Signature



Date