

(THIS IS NOT THE FORM FOR SUMMER CAMP REGISTRATION!!)
Summer Classes Registration Form (Please make copies for multiple children)

FAMILY LAST NAME _____ (the last name used to identify you in our database)

Address: _____ City _____ State _____ Zip _____

CONTACT #1 First Name: _____ Last Name: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email : _____ (emails are kept confidential)

CONTACT #2 First Name: _____ Last Name: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email : _____ (emails are kept confidential)

Emergency Contact Info. (Name and Phone Number): _____

STUDENT INFO:

First Name: _____ Last Name: _____ Gender: _____ Birth Date: _____

Disabilities: _____ Allergies: _____ Medications: _____

If you are registering for SUMMER SESSION CLASSES Please Indicate Which Class You Are Registering For:

CLASS NAME: _____ **DAY** _____

TIME: _____

If you are registering for "DROP-IN" PRE SCHOOL CLASSES Please Put a Check Next to the Date and the Class:

Parent & Tots: Jun 28 _____ Jul 12 _____ Jul 19 _____ Jul 26 _____ Aug 2 _____ Aug 9 _____ Aug 16 _____ Aug 23 _____

Shooting Stars: Jun 28 _____ Jul 12 _____ Jul 19 _____ Jul 26 _____ Aug 2 _____ Aug 9 _____ Aug 16 _____ Aug 23 _____

Rising Stars: Jun 29 _____ Jul 6 _____ Jul 13 _____ Jul 20 _____ Jul 27 _____ Aug 3 _____ Aug 10 _____ Aug 17 _____ Aug 24 _____

I fully understand that FLGA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the FLGA staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the FLGA staff to call our doctor and to seek medical help, including transportation by a FLGA staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the FLGA staff deem this to be necessary.

We, the staff of FLGA recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Tumbling and Cheerleading can be dangerous and lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

FLGA, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by FLGA. I, my executors or other representatives, waive and release all rights and claims for damages that my child or I may have against FLGA and/or its representatives whether paid or volunteer. 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 protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. FLGA will only warn the child through "safety messages" and our teaching style and progressions.

Parent's Signature: _____ Date: _____