



509-533-9646

www.spokanegymnastics.com

5615 E. Broadway Avenue Spokane, Washington 99212

GYMNAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
FIRST LAST

GYMNAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
FIRST LAST

GYMNAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
FIRST LAST

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

**Payment Procedures:** Tuition and annual membership fee is due at registration or with "Auto Pay Agreement. Once enrolled "all sales are final" and Spokane Gymnastics does not offer refunds or credits.

**Medical Coverage:** Gymnasts must be covered by medical insurance in order to participate at Spokane Gymnastics. My child is covered by the following health insurance:

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical Information:** Does child have ANY medical or learning problems that will interfere with gymnastics?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

**RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT  
PERMISSION TO TREAT IN AN EMERGENCY**

I am the parent or legal guardian of the child(ren) identified above and voluntarily authorize my child(ren) to participate in gymnastics activities at Spokane Gymnastics. I understand that there are inherent dangers associated with gymnastics and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. Knowing these risks, I and my child(ren) assume all risks, whether foreseen or unforeseen, in connection with my child participation in this activity.

WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE SPOKANE GYMNASTICS, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY.

Furthermore, I assume complete responsibility for any property damage and/or personal injury caused by my child(ren) in connection with his/her/their participation in activities at Spokane Gymnastics.

I have fully and accurately completed the Medical Information section in the child(ren)'s enrollment application and assert that my child(ren) has/have no physical condition that would prevent or hinder his/her/their participation, other than those disclosed. In the event of any injury, I authorize Spokane Gymnastics and its employees to administer first aid, transport my child(ren) to a hospital, initiate medical treatment until I can be notified.

I understand that this Release Agreement is a legally binding contract and shall remain in effect for the duration of my child(ren)'s participation in Spokane Gymnastics activities. This Release agreement shall bind my heirs, personal representatives, assigns and all members of my family, including minors.

I HAVE FULLY INFORMED MYSELF OF CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_