



## REGISTRATION & CONSENT

STUDENT 1 \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Medical conditions or allergies \_\_\_\_\_

STUDENT 2 \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Medical conditions or allergies \_\_\_\_\_

STUDENT 3 \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Medical conditions or allergies \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT 1 \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT 2 \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_  
(We will not share/sell your email or any other contact information. Email will be used only to send important KGC schedules and news)

**AUTHORIZATION OF MEDICAL CARE-** In case of illness or injury while at the Kenwood Gymnastics Center, Inc., in case a parent cannot be reached, the staff of Kenwood Gymnastics Center, Inc., may authorize medical care and treatment and / or ambulance transportation for the above named participant.

**CONSENT OF PARTICIPATION-** I understand that gymnastics, like any other situation involving height and movement, involves risks and dangers including, but not limited to, those of bodily injury, partial and / or total disability, paralysis, and death. I / we accept and assume such risks and responsibility for the losses and / or dangers following such injury, disability, paralysis, or death, however causes or alleged to be caused in whole or in part by the negligence of Kenwood Gymnastic Center, Inc., event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents, and employees. I / we agree that this Consent of Participation covers each and every event or activity sponsored by Kenwood Gymnastics Center, Inc. This student has no problems that might compromise his or her safe involvement.

**AGREEMENT TO PAY-** I understand that there are no refunds or credits for missed or dropped classes once the session begins and that I am liable for the full monthly tuition even if only a partial payment has been made. I understand the minimum deposit to reserve class space is non-refundable.

**PERMISSION TO USE PHOTO/VIDEO-**You have my permission to use photos or videos of my child for the promotional use of Kenwood Gymnastics Center, Inc .

Parent, Legal Guardian, or Adult Participant: \_\_\_\_\_

Date: \_\_\_\_\_

