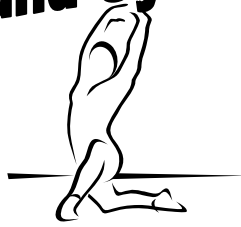


In Bound Gymnastics



Registration / Release Form

Name _____ Age _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

Emergency Contact (other than parents) _____ Phone # _____

List students past medical history _____

Any medications student is taking _____

Any allergies to medication _____

List all persons authorized to pick student up from In Bound Gymnastics _____

The undersigned hereby acknowledge that the activities and or programs in which they, or their minor children, may be involved in at In Bound Gymnastics have inherent risks of accident and/or injury, which risks the undersigned expressly assumes. While In Bound Gymnastics and its staff shall take reasonable measures to ensure a safe and healthy environment, the undersigned hereby voluntarily waives and relinquishes any and all rights, claims or causes of action which might otherwise be brought against In Bound Gymnastics for any accident and/or injury which might occur to the undersigned, or their minor children.

In the event of an emergency involving my child, and if In Bound Gymnastics cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. (No blood or blood products.)

The undersigned does hereby acknowledge that they have received and read over the policies of In Bound Gymnastics, and agree to abide by all policies stated in the Rules and Policies notice for In Bound Gymnastics.

Child's Name _____

Parent / Guardian's Name _____

Parent / Guardian's Signature _____ Date _____

Witnessed by In Bound Gymnastics Staff Member _____ Date _____