



Phenomenal Flips Gymnastics USA

Student Information Form

ALL INFORMATION MUST BE COMPLETED

Student's Full Name _____ M___ F___ Age _____

Student's Date of Birth month ___ day ___ year _____

Class Tried: Type _____ Day _____ Time _____ Coach _____ Date _____

Student's Address _____ City _____ ST ___ Zip _____

Mother's Full Name _____ Employer _____ Work # _____

Father's Full Name _____ Employer _____ Work # _____

Student's Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Address (if different from student's) _____ Zip _____

Father's Address (if different from student's) _____ Zip _____

Mother's E-mail _____

Father's E-mail _____

Student's E-mail _____

(Note: all email addresses will be kept confidential and will only be used for official gym communications)

Emergency Contact **Other than Parents** _____ Phone _____

Health Insurance Carrier _____ Policy# _____

Please declare any physical problems or restrictions and list any mental or special custody situations that would be important for us to be aware of:

In an effort to use our advertising dollars efficiently and keep tuition low, please tell us how you heard about us.

____ Friend or Acquaintance (name) _____

____ Sign on Building

____ Radio

____ TV

____ Val-Pak

____ Website (what led you to our website? _____)

____ Yellow pages ad in phone book

____ Other (please specify) _____

Phenomenal Fun, Inc.
Home of Phenomenal Flips Gymnastics USA

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in Phenomenal Fun, Inc. and Phenomenal Flips Gymnastics USA activities, while on the premises and property of Phenomenal Fun, Inc., today and on any date after today, I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Phenomenal Fun, Inc. (doing business as Phenomenal Flips Gymnastics USA), its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Printed name of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Date: _____

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

Medical Release

I hereby declare any physical problems or restrictions. I am also listing any know allergies or special conditions of any kind as well as any medication my child takes.

The undersigned gives permission for the Phenomenal Fun, Inc., and Phenomenal Flips Gymnastics USA owners, officers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature _____ Date _____

Participant Signature if over 18 years of age _____