

# YOUNG'S GYMNASTICS & CHEERLEADING, INC.

## TRIAL CLASS REGISTRATION FORM

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

2nd Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

3rd Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mom's Full Name \_\_\_\_\_

Dad's Full Name \_\_\_\_\_



### LIABILITY/MEDICAL RELEASE AGREEMENT

I, the undersigned, understand and acknowledge that participation in gymnastics and/or cheerleading can be hazardous and realize that no one should enter this activity unless the participant is medically able. By permitting my child to participate in a trial class at *Young's Gymnastics and Cheerleading, Inc.*, I understand and acknowledge the fact that cheerleading, gymnastics, and gymnastics related activities always involve certain degrees of risk of injury to the participant, including but not limited to: death, serious neck and/or spinal injuries resulting in complete or partial paralysis, brain damage, and serious or minor injury to virtually all bones, joints, muscles and organs; further understanding that all the mats, pits and other equipment provided for my child's protection, including the active participation of an instructor who may spot or assist in the performance of certain skills, may not be able to prevent injury. In order for my child to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize *Young's Gymnastics and Cheerleading, Inc.*, and their staff members to obtain medical treatment including transportation to a medical facility. I hereby hold them and their representatives harmless in their exercise of this authority. I acknowledge such risks, and hereby release *Young's Gymnastics and Cheerleading, Inc.*, its owners and employees, jointly and severally, from any and all personal injury claims arising through or from participation in activities as a trial student of *Young's Gymnastics and Cheerleading, Inc.* I assume full financial responsibility for any medical treatment obtained in the event of injury or illness. BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND, AND WILL ADHERE TO THE LIABILITY/MEDICAL RELEASE AGREEMENT SET FORTH BY YOUNG'S GYMNASTICS & CHEERLEADING, INC.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_