

# Kids World Gymnastics Registration and Liability Release

## Parents' Information

Please Print

Mother \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ How did you hear about us?

Please check one.  Employee  Driving By  Yellow pages  Word of Mouth

Money Mailer  Chamber of Commerce  Attended Party  Other \_\_\_\_\_

## Students' Information

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

I hereby declare any physical problems or restrictions: I am also listing any special conditions of any kind as well as any medications my child may need during physical activity. I am including medical conditions and/or allergies. \_\_\_\_\_

## Pick up Release

Please list anyone authorized to pick up your child. (ID will be required)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Trial Class Information

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Trial Date \_\_\_\_\_

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Trial Date \_\_\_\_\_

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Trial Date \_\_\_\_\_

## Class Enrollment Information

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_

Class \_\_\_\_\_ Age \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_

**\* ASSUMPTION OF RISK \* WAIVER OF LIABILITY \***  
**\* PHOTO RELEASE \* MEDICAL AUTHORIZATION \***

I recognize that severe injuries, including permanent paralysis or death, can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition, I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all GK Productions LLC, dba Kids World Gymnastics, Gateway Kids World, KIPCO LLC or St. Louis Elite programs and activities and I ACCEPT ALL RISKS associated with any activities or participation.

In consideration for my or my child(ren)'s participation, I hereby, for myself and my child(ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE GK Productions LLC, KIPCO LLC, Kids World Gymnastics, Gateway Kids World, St. Louis Elite, its officers, directors, shareholders, employees, contractors, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in considerations for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Kids World Gymnastics publicity or advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Kids World Gymnastics and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of injury sustained while participating at or for Kids World Gymnastics.

I have read and understand this *ASSUMPTION OF RISK* and *WAIVER OF LIABILITY* and *PHOTO RELEASE* and I *VOLUNTARILY* affix my name in agreement.

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