



**Gymnastics Registration Form**

Child's Name: \_\_\_\_\_

Grade 20-21: \_\_\_\_\_ Teacher: \_\_\_\_\_ Age: \_\_\_\_\_

circle one: Gym 1    Gym 2    Gym 3

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Behavior Concerns: \_\_\_\_\_

\_\_\_\_\_ date received

\_\_\_\_\_pd

\_\_\_\_\_waiver

**PLEASE MAKE CHECKS PAYABLE TO ANGIE WALLIN OR Pay via VENMO. THANKS!**

**VERNDALE GYMNASTICS WAIVER & RELEASE FORM**

Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Verndale Public Schools/Angie Wallin are committed to conducting our activities in the safest manner possible. We hold the safety of the participants in the highest possible regard. Parents must recognize however that there is an inherent risk of injury when choosing to participate in recreational activities. Verndale Public Schools/Angie Wallin continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety. **RELEASE OF LIABILITY WAIVER: WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY.** In consideration of Verndale Public Schools /Angie Wallin accepting myself or my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs and lessons or any other activities connected with Verndale Public Schools/Angie Wallin. I give my permission to Verndale Public Schools/Angie Wallin and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child while under the supervision of Verndale Public Schools/Angie Wallin. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached. Further, I hereby release and agree to hold harmless and to indemnify Verndale Public Schools, their employees, owners or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

I have read and understand this "Release of Liability Waiver" and I voluntarily affix my name in agreement.

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