SEATTLE GYMNASTICS ACADEMY

Date of Trial _____

How did you hear about SGA:
Internet ___ Friend ____ Birthday Party ___ Phone Book ___
Other _____

Seattle Gymnastics Academy – Salmon Bay
5313 Shilshole Avenue NW
Seattle, WA 98107
(206) 782-1496

GYMNAST NAMES:

Circle

1. Name _____ (M / F) Birthdate _____
First Last

2. Name _____ (M / F) Birthdate _____
First Last

3. Name _____ (M / F) Birthdate _____
First Last

PARENT NAME _____ PARENT NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS: _____

POLICIES OF SEATTLE GYMNASTICS-SALMON BAY: **Please Initial Below**

1. **I have reviewed the back of this form regarding the dangers inherent in gymnastics** _____
2. **Once enrolled, SGA-SB does not give credits or refunds.** _____
3. **I understand that SGA-SB does not guarantee make-ups for missed classes.** _____
4. **I will follow the parking guidelines explained on the back of this form** _____

MEDICAL COVERAGE: **Your child *MUST* be covered by medical insurance come to SGA-SB.**
Name of Insurance _____ **Group Number** _____

MEDICAL INFORMATION:

1. **Please briefly describe any medical or learning problems that might interfere with gymnastics:**
_____
2. **If your child has a medical condition that could required emergency treatment while at SGA-SB (allergies, diabetes, asthma, etc), please talk with the registrar to obtain special treatment forms.**
(Registrar has explained Emergency Medical Treatment policy and procedure - Registrar's Signature & Date: _____

RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT
PERMISSION TO TREAT IN AN EMERGENCY
PLEASE READ CAFEFULLY BEFORE SIGNING:

I acknowledge that I am the parent or legal guardian of the child(ren) identified above and voluntarily authorize my child(ren) to participate in gymnastics activities at Seattle Gymnastics Academy (SGA). I have read SGAs written warning of the dangers inherent in gymnastics and recognize that participating in gymnastics involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis.

In consideration of the acceptance of my child(ren)'s registration in SGA's gymnastics activities, I and my child(ren) personally assume all risks, whether foreseen or unforeseen, in connection with my child(ren)'s participation in this activity, and **WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE THE SEATTLE GYMNASTICS ACADEMY, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD(REN)'S PARTICIPATION IN THIS ACTIVITY.**

Further, I assume complete responsibility for any property damage and/or personal injury caused by my child(ren) in connection with his/her/their participation in SGA gymnastics.

I have fully and accurately completed the Medical Information section in my child(ren)'s enrollment application and assert that my child(ren) has/have no physical condition that would prevent or hinder his/her/their participation.

In the event of any injury, I authorize SGA and its employees to administer first aid, transport my child to a hospital, initiate medical treatment and hold my child until I can be notified.

I understand this Release Agreement is a contract and shall remain in effect for the duration of my child(ren)'s participation in SGA gymnastics activities. This agreement contains the Entire Agreement between the parties and supersedes any prior agreement whether oral or written. This Release Agreement shall bind my heirs, personal representatives, assignees and all members of my family, including minors.

I HAVE FULLY INFORMATED MYSELF OF THE CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

SIGNATURE _____ **DATE** _____

PRINT NAME _____ **RELATION TO CHILD:** _____