

Woodlands Gymnastics Academy (WGA)

Web site: www.woodlandsgymnastics.com

Email: info@woodlandsgymnastics.com

Phone: (281)528-6050

STUDENT REGISTRATION

Fax: (281)651-8870

1ST CHILD: Name _____ Sex ____ Age ____ DOB ____ / ____ / ____

2ND CHILD: Name _____ Sex ____ Age ____ DOB ____ / ____ / ____

3RD CHILD: Name _____ Sex ____ Age ____ DOB ____ / ____ / ____

Medical conditions or allergies to which we should be alerted: _____

Street Address: _____ City: _____ Zip _____

Home Phone: (____) _____ Email: _____@_____

Mom's Name: _____ Work #: (____) _____ Cell #: (____) _____

Dad's Name: _____ Work #: (____) _____ Cell #: (____) _____

EMERGENCY CONTACT: _____ Relationship to Student: _____

Emergency #: (____) _____ Circle one: Home - Work - Cell

How did you learn about WGA? _____

Does the student(s) have previous experience? Circle One: Gymnastics - Cheer - Tumbling - Other _____

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, and trampoline. 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 Woodlands Gymnastics Complex, Ltd. dba Woodlands Gymnastics Academy ("WGA") programs and activities and I ACCEPT ALL RISKS associated with this 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 WGA, 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 consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in WGA 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 WGA and it's 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 any injury sustained while participating at or for WGA.

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

PARENT/LEGAL GUARDIAN's signature _____ Date _____

Office Use Only Class & Payment Information

Trial Date: _____

Enrollment Date: _____

	1st Child	1st Class: _____ Day: _____ Time: _____	2nd Class: _____ Day: _____ Time: _____
		3rd Class: _____ Day: _____ Time: _____	4th Class: _____ Day: _____ Time: _____
	2nd Child	1st Class: _____ Day: _____ Time: _____	2nd Class: _____ Day: _____ Time: _____
		3rd Class: _____ Day: _____ Time: _____	4th Class: _____ Day: _____ Time: _____
	3rd Child	1st Class: _____ Day: _____ Time: _____	2nd Class: _____ Day: _____ Time: _____
		3rd Class: _____ Day: _____ Time: _____	4th Class: _____ Day: _____ Time: _____

Annual Registration fee: (Aug to Aug - Prorate Mar to Aug) \$36 1st Child - \$30 Siblings - \$48 Parent & Tot \$ _____

Tuition (Sibling Discount is 20% of lesser tuition) . . . \$ _____ Sibling (1) tuition \$ _____ Sibling(2) tuition \$ _____ Sibling(3) tuition

Family Tuition Total: \$ _____ Payment: Cash Check Credit Card \$ _____ ck/cc# _____