

Class #: _____ (Office use only)

Student's Name: _____ Tel: (____) _____ - _____

Sex F M Age: _____ Birthdate: ____/____/____ Email _____
required for billing purposes

Address: _____ City: _____, CA Zip: _____

How did you hear about us? _____ Family Referral: _____

General Health Form/Release

I am aware that participation in this sport will be a dangerous activity involving MANY RISKS OF INJURY. I understand the dangers and risks of participation include, but are not limited to, death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to all bones, ligaments, muscles, tendons, and other aspects of my body. I understand the dangers and risks of playing or practicing may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business, and generally enjoy life.

Because of the dangers of the sport, I understand the importance of following the coaches' instructions regarding techniques, training and other rules and I agree to obey instructions.

In consideration for allowing me to participate, I hereby assume all the risks associated with the sport (of gymnastics) and agree to hold the school/gym, its employees or agents harmless from any and all liability, cause of action, debts, claims, or demands of any nature whatsoever which may arise in connection with my participation in any activities related to the school. The terms hereof serve as a release and assumption of risk for my heirs, estate, and for all members of my family.

I, as the parent/legal guardian, have read the above warning and release and understand all of its terms. I understand the sport (of gymnastics) involves many risks, including but not limited to those outlined above.

In consideration for the school/gym permitting my child to try out for and ultimately participate with the team, I hereby agree to hold the school/gym, its employees and agents harmless from any liability which may arise in connection with participation of my child in activities related to the school. The terms serve as a release.

I assume all financial obligations during and/or hereafter my attendance at the school.

Date _____ Parent or Legal Guardian Signature _____

(Please sign)

Must complete information for your child's safety

**LASG Office Use Only
Enrollment Fee**

Mother's Name _____
 Driver License# _____
required
 Home Tel (____) _____
 Occupation _____
 Work Tel _____
 Father's Name _____
 Driver License# _____
required
 Home Tel (____) _____
 Occupation _____
 Work Tel (____) _____
 Emergency contact: _____
 Relationship: _____
 Emergency phone (____) _____
 Start Date: ____/____/____

	03	04	05	06