

Head Over Heels Gymnastics - 2013 Summer Class Session

FAMILY LAST NAME _____ (the last name used to identify you in our database)

PARENT #1 First Name: _____ Last Name: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email : _____ (emails are kept confidential)

PARENT #2 First Name: _____ Last Name: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email : _____ (emails are kept confidential)

ADDRESS: _____

City: _____ State: _____ Zip: _____

Emergency Contact Info. (Name and Phone Number):

(Not Contact #1 or Contact #2): _____

STUDENT #1 INFORMATION:

Student's First Name: _____ Last Name: _____

Student Gender: _____ Birth Date: _____

Disabilities: _____ Allergies: _____ Medications: _____

PLEASE PLACE A CHECK MARK TO INDICATE WHAT TERM(S) YOUR GYMNAST WILL BE ATTENDING:

Term 1 (July 1 - July 28 *) _____ Term 2 (July 29 - August 25) _____

SELECT CLASS NAME: _____ DAY: _____ TIME: _____

** We will be closed Thursday, July 4th. You may schedule a makeup if this is your normally scheduled class day. The makeup may only be done while your gymnast is enrolled in our summer terms. This makeup can not be carried over into our Academic Session. Once your gymnast is no longer enrolled, your makeup will be forfeited. You can do a makeup before this class is missed.*

Notice of Risk / Acknowledgement of Possibility of Injury

We, the staff of, owners and representative of FLGA Inc., d/b/a Head Over Heels Gymnastics, Head Over Heels Gymnastics LLC, Head Over Heels Gymnastics of Vestal, LLC, D & J of Ithaca, LLC, D & J of Horseheads, LLC, D & J of Vestal, LLC (collectively, "HOHG") recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. **Gymnastics, tumbling and cheerleading can be dangerous and lead to injury!** Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's instructions. HOHG, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. By signing this form, I acknowledge these risks of injury, and I agree that HOHG, its staff, owners and representatives will not be responsible for any such injuries.

Release and Waiver of Liability

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by HOHG. I, my executors or other representatives, waive and release all rights and claims for injuries or damages that I or my child may have against HOHG and/or its staff, owners or representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I have read and also understand HOHG's registration information and policies. I also understand that it is the parents' responsibility to warn the child about dangers of gymnastics and injury. The parents should warn the child according to what the parent feels is appropriate. HOHG will only warn the child through "safety messages" and our teaching style and progressions.

Medical Emergencies - Permission to Treat

I fully understand that HOHG's staff, owners and representatives are not physicians or medical practitioners of any kind. With the above in mind, I hereby grant consent and permission to HOHG's staff, owners and representatives to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the HOHG staff to call our doctor and to seek medical help, including transportation by a HOHG staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the HOHG staff deem this to be necessary.

I have read the above and agree. Parent's Signature _____ Date _____