



# Student Registration Form

-Annual Family Registration Fee: \$45.00 -

2881 Scioto-Darby Exec. Ct.  
Phone: 614-777-9430  
Fax: 614-777-9450  
www.universalgymnasts.com

**Eligibility to participate** in class at Universal Gymnasts, Inc. requires a completed student registration form with release of liability and emergency medical authorization and full tuition on or before the first day of class.

► Please print legibly

Student Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Age _____ D/O/B _____ Medical Condition: _____ Class: _____ Day: _____ Time: _____ Start Date: _____	Circle below for T-Shirt size: 2-4 ♦ 6-8 ♦ 10-12 ♦ 14-16
Student Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Age _____ D/O/B _____ Medical Condition: _____ Class: _____ Day: _____ Time: _____ Start Date: _____	Circle below for T-Shirt size: 2-4 ♦ 6-8 ♦ 10-12 ♦ 14-16
Student Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Age _____ D/O/B _____ Medical Condition: _____ Class: _____ Day: _____ Time: _____ Start Date: _____	Circle below for T-Shirt size: 2-4 ♦ 6-8 ♦ 10-12 ♦ 14-16

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency: ( ) \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_  Check if address is the same as above

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency: ( ) \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

May we use your child's photo on our website or in advertisements? No names will be disclosed.  Yes  No

How did you hear about us? \_\_\_\_\_

Has your child had a physical examination in the last three years? Check one -  Yes  No  
(U.G.I. recommends that every student complete an annual physical examination.)

Physician Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Both parents/guardians must sign this form on the other side before child can participate. →**

# UNIVERSAL GYMNASTS, INC. – LIABILITY RELEASE

In consideration of the permission granted my child to participate in a Universal Gymnasts, Inc. sports activity, class, competition, team, including non-gymnastics activities such as swimming and playground activities (hereinafter referred to as the "Activity"), I, the parent or legal guardian of the above named child, make the following representations:

(1) I understand the nature of the Activity that my child will participate in, and I represent that, to the best of my knowledge, my child is qualified, in good health, and in proper physical condition to participate in the Activity. I further represent and acknowledge that, should I ever believe that any of the above representations become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child, that it will be my responsibility to immediately discontinue my child's participation in the Activity.

(2) I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my child's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "releasees" named below. I further understand that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that I may incur as a result of my child's participation in the Activity.

(3) As a parent/guardian, I understand I may be asked to enter the main gym to view or witness awards week or any other activity and that this may involve risk of injury from negotiating obstacles while in the gym. I further understand that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that I may incur as a result of my child's participation in the Activity.

(4) I hereby give my approval of and consent to my child's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity. I hereby release, acquit, covenant not to sue, and forever discharge, and agree to indemnify and save harmless Universal Gymnasts, Inc., its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted (including but not limited to Gienger, Inc.), their agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity, of and from any and all actions, causes of action, claims, or demands, of whatever name or nature arising out of injuries to or death of the above named child as a result of the Activity and the transportation of the above named child thereto and therefrom.

(5) In the event my child is injured or becomes ill when I am not present and reasonable efforts to contact me at \_\_\_\_\_ (phone #) or (other parent or guardian) at \_\_\_\_\_ (phone #) have been unsuccessful, I hereby give my consent for (1) the administration to my child of any treatment deemed necessary by any licensed physician or dentist; and (2) the transfer of my child to any hospital that is reasonably accessible. This authorization does not cover major surgery unless the opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child's medical history (allergies, medications being taken, physical impairments, etc.) are as follows: \_\_\_\_\_

(6) I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or the Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard. **I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.**

_____ <b>Date</b>	_____ <i>Signature of Parent or Guardian</i>
_____ <b>Date</b>	_____ <i>Signature of other Parent or Guardian</i>

▶ Both Parent or Guardian signatures are required for child to participate ◀

<b>For Office Use Only</b>			
Date Paid		Payment Type	
<input type="checkbox"/> For Enrollment		<input type="checkbox"/> For Trial	