

GUZZY'S GYMNASTICS

Registration Form

3402 Fifth Ave. (337) 478-1771 (337) 478-1553 fax

E-mail - guzzysgym@fulair.com

Website - www.guzzysgymnastics.com

PLEASE PRINT

Billing Party's Name _____

Address _____ City _____ State _____ Zip Code _____

Mother's Name _____ Hm _____ Wk# _____ Cell# _____

Father's Name _____ Hm# _____ Wk# _____ Cell# _____

E-mail address _____

How did you hear of us? _____

1st Student's Name _____ Sex _____ Date of Birth _____ Age _____ Grade _____

Class _____ Day of Week _____ Time _____

2nd Student's Name _____ Sex _____ Date of Birth _____ Age _____ Grade _____

Class _____ Day of Week _____ Time _____

****No credits or refunds will be given for classes not attended, nor for registration/tuition paid. All students will be expected to attend the entire session. A space is reserved for your child until the end of the session.****

I, the undersigned parent and/or guardian of the above applicant, upon signing this agreement do hereby release, discharge, hold harmless, and save from liability Guzzy's Gymnastics and all of its employees from any and all claims, demands, rights, action, and causes of action rising out of or to rise out of activities of said business in any way now or hereafter that I may have as parent and/or guardian of said minor. I also agree to keep my account current. I realize that my child may be asked to withdraw if my account becomes two (2) months overdue.

Signature _____ Date _____

(OVER)

Guzzy's Gymnastics

Waiver of responsibility and Medical Release

As the parent or legal guardian of _____, I give my consent for my child to participate in the programs at Guzzy's Gymnastics. I understand that participation in gymnastics, tumbling, and other related activities may result in unavoidable injuries due to heights and motions involved. These injuries may include muscle strains and tears, broken bones and severe injuries.

I agree to provide health insurance for this minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities at Guzzy's Gymnastics.

As consideration for allowing the above named minor child to participate in the above activities, I waive any and all rights or causes of action against Guzzy's Gymnastics or any injuries suffered by my child and other damages suffered by the child or myself while under the supervision or control of Guzzy's Gymnastics and its employees.

This acknowledgment of risk and WAIVER OF LIABILITY has been read by me, understood completely, and signed voluntarily.

Health Insurance _____ Policy# _____

Doctor's Name and # _____

*Please list any allergies/handicaps/chronic ailments that your child may have.

Parent/Guardian
Signature _____ Date _____

Acknowledgement of policy sheet

I have been given a copy of the policy sheet and have received an explanation of any issues I may have had. I do understand the tuition policy and agree to abide by that policy. My next tuition payment will be _____.

Parent/Guardian
Signature _____ Date _____

***This completed form can be mailed along with your tuition and registration fee to 3402 Fifth Ave, Lake Charles, LA 70607. Any questions, call 337 478-1771

Monies collected today \$ _____ Cash/Check # _____