

Mazeika's Elite Gymnastics Registration Form

For Office Use Only (please date when completed):		
ProSchool _____	Scanned _____	Filed _____

PLEASE WRITE LEGIBLY OR YOU WILL BE ASKED TO FILL OUT FORM AGAIN.

● Parent/Guardian Contact Information ●

Parent's Name _____
Last Name First Name

Mobile Number _____

Work Number _____

Parent's Name _____
Last Name First Name

Mobile Number _____

Work Number _____

Mailing Address _____
Street Apartment

City _____ State _____ Zip Code _____

Home Phone Number _____

Email Address _____

● Emergency Contact Information ●
 (OTHER THAN PARENT)

Emergency Contact _____

Relationship to Student _____

Contact Phone Number _____

● Student Information ●

1. Student's Name _____
Last Name First Name

Gender _____ Age _____ Date of Birth _____
M or F MM/DD/YYYY

Please list any additional information, if any, that we should be aware of.

2. Student's Name _____
Last Name First Name

Gender _____ Age _____ Date of Birth _____
M or F MM/DD/YYYY

Please list any additional information, if any, that we should be aware of.

3. Student's Name _____
Last Name First Name

Gender _____ Age _____ Date of Birth _____
M or F MM/DD/YYYY

Please list any additional information, if any, that we should be aware of.

Physician's Name _____ Phone Number _____

How did you hear about us? _____

PLEASE READ CAREFULLY and INITIAL THE FOLLOWING:

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

_____ Initial

FOR THE GYMNAST: BECAUSE OF THE DANGERS OF THE SPORT, I UNDERSTAND THE IMPORTANCE OF FOLLOWING THE COACHES INSTRUCTIONS REGARDING TECHNIQUES, TRAINING AND OTHER RULES AND AGREE TO OBEY INSTRUCTION.

_____ Initial

In consideration for allowing me to participate, I hereby assume all risks associated with the sport of gymnastics and agree to hold the school/gym and its employees or agents harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with my participation in any activities. The terms hereof serve as a release and assumption of risk for heirs, estate and for all members of my family. I, as the parent/legal guardian, have read the above warning and release and understand its terms. I understand that the sport of gymnastics involves many risks, including but not limited to those outlined above.

_____ Initial

I understand that it is my responsibility to review the policies, procedures and guidelines of the Mazeika's Elite Gymnastics and its various programs from time to time. They are available from the Front Office or online at www.mazeikaselitegymnastics.com. Some of the more common policies, procedures and guidelines which are frequently asked about are: annual registration is required for participation in the Recreational Gymnastics Program; various programs have Drop Fees; refunds are issued on remaining balances minus the drop fee contingent upon the receipt of written notification of withdrawal from a program via the Front Office; make-ups are not available; late fees are assessed to accounts that are past due; responsibility for my child's whereabouts and care before and after class is solely the responsibility of the parent and/or care giver.

_____ Initial

I authorize the staff of the Houston Gymnastics Academy to act for me according to their best judgment in any emergency requiring medical attention when I cannot be reached to so consent.

_____ Initial

I understand that Houston Gymnastics Academy retains all rights to the use of any photos, videos or audio recordings taken while at the Houston Gymnastics Academy for use in publicity, advertising and any legitimate business purpose at no additional cost or commission.

Signature of Parent or Guardian _____ Date _____

Please inform the office of any changes regarding the information on this form.