

EAGLE GYMNASTICS ACADEMY
7164 Technology Dr. Frisco, TX 75034

Your child has been invited to a birthday party! Your child will be playing games and will also experience some basic gymnastics skills on various equipment in the gym. Safety is our number one priority, therefore:

- *NO SKIRTS**
- *NO JEANS OR CARGO PANTS**
- *NO BELTS, BUCKLES, SNAPS OR ZIPPERS**
- *NO SOCKS OR TIGHTS**
- *HAIR MUST BE TIED UP**
- *NO GUM, FOOD OR DRINKS ARE ALLOWED ON THE GYM FLOOR**
- ***NO ONE UNDER THE AGE OF 3 YEARS OLD WILL BE ALLOWED IN THE GYM AREA**
- ***NO PARENTS ARE ALLOWED IN THE GYM AREA**

For more information or for directions to our gym, please call us at 972.712.4644 or visit our website: www.eaglegymnastics.com

REGISTRATION AND MEDICAL RELEASE FORMS

Participants Full Name: _____ DOB: _____
Participants Full Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Phone #: () _____ Phone #: () _____
In case of emergency, contact: _____ Phone #: () _____

Medical Conditions: Please note any conditions that our staff should be aware of:

1. Having been informed of the activities to be conducted by **Eagle Gymnastics Academy, Inc.**, I, a parent or legal guardian of the participant, give my approval for the above named student's participation in any and all activities of the program; and,
2. Myself as well as my spouse or guardian of the above named student(s), assumes all risk and hazards incidental to the program, even if arising from the negligence of other participants and employees. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the above signed participants; and
3. I for myself and on behalf of my heirs, assigns, personal representatives or spouse, further release, waive, and forever discharge any and all rights and claims against **Eagle Gymnastics Academy, Inc.**, its owners, instructors, and employees, holding them harmless from any illness or injury, disability or loss or damage to person or property occurring during the program; and
4. Furthermore by signing below for myself, my children and my spouse, I hereby authorize the directors of **Eagle Gymnastics Academy, Inc.**, to act for us according to their best judgment in any emergency requiring medical attention. We know of no mental or physical problems which affect my child's ability to safely participate in this activity.
5. Myself as well as my spouse or guardian of the above named student, understand and will follow the rules of **Eagle Gymnastics Academy, Inc.** , If my child is not following the rules or is endangering him/herself or the safety of the staff, Eagle Gymnastics Academy, reserves the right to remove that child from the activity immediately.
6. By signing below for myself, my children, and/or my spouse, I agree to all of the above conditions.

SIGNATURE OR PARENT(s) or LEGAL GUARDIAN

DATE
