

I&M Gymnastics Registration Form

***A Non-Refundable registration fee per family must accompany this form.**

Office Use Only: Date: _____
Class Trial Info: _____ Class Name
_____ Class Day/Time
_____ Class Date
SD _____

Home Phone _____

Guardian #1 Name	Cell Phone #	Email
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Guardian #2 Name	Cell Phone #	Email
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Address	City	Zip
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Emergency Contact	Phone	Relationship to Student
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How were you introduced to I&M Gymnastics? _____

Child #1	Sex	DOB	Medical Conditions/Allergies
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Child #2	Sex	DOB	Medical Conditions/Allergies
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Child #3	Sex	DOB	Medical Conditions/Allergies
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Child #4	Sex	DOB	Medical Conditions/Allergies
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*I have read and understand I&M's policies _____ (initial)

Medical Authorization and Agreement to Policies:

I fully understand the staff of I&M Gymnastics, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release I&M Gymnastics, Inc. to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with I&M Gymnastics, Inc. INITIALS X_____ Does your child have any medical conditions (mental or physical) or medications we should be aware of, including but not limited to (circle all that apply); seizures, Downs Syndrome, dizzy spells, previous neck or spine injuries or conditions, high blood pressure, diabetes, autism, epilepsy, heart condition etc. ***ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE claiming your child is fit enough to take "GYMNASTICS" and/or "TUMBLING/TRAMPOLINE", CHEER, or KARATE. ***Please list any other such as asthma ,broken bones, or write "none". If my child requires an inhaler to be brought to class understand I am required to stay with him/her or get a doctor's release.

INITIALS X_____

Parent/Guardian Signature: X_____

SEE OTHER SIDE FOR WAIVER OF LIABILITY

