

ACADEMY of Gymnastics and Dance

TRIAL CLASS FORM

STUDENT INFORMATION

Last Name:	First Name:
Birthday:	MALE/FEMALE
Class Name:	Class time:

FAMILY INFORMATION

Responsible Party's Name:		
Address:		
City & Zip		
Phone:	Cell:	E-mail:
Referred by:		

By the very nature of the activity, gymnastics, dance, cheerleading and karate carry a risk of physical injury. No matter how many spotters are used, no matter what height the equipment used or what landing surfaces exist, the risk cannot be eliminated. The risk of injury not only includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation and muscle pulls, but also may include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back of the head. Upon signing this form, I have read the assumption of risk and understand all of its terms. I have advised my child of the risks involved. This is a full release of any and all claims given in consideration for the Academy of Gymnastics, 1000 Stephanie Place, #1 Henderson, Nevada, it's owners and employees or any sponsors from and all damages and or personal injury that may occur in any connection with our programs.

Parent's Signature

Date

TRIAL CLASS INFORMATION:

First & Last Name:
Class Day & Time: