



Parent Information: PLEASE PRINT

Parent/s Name/s _____

Address (street) _____ (city) _____ (state) _____ (zip) _____

Home Telephone _____ Cell Phone _____ Work Phone _____

E-mail (we will not share this---for in-house purpose only) _____

How did you hear of us? circle one: Mailer Referral (see bottom of sheet) Livingston Parent Shopper's Journal
 Newspaper Web Site Hockey MI Extreme
 Sign on M-59 Jet's Pizza Flyer Other: _____

Student Information

Student's Name _____ Sex _____ Age _____ Birthday _____

Student's Name _____ Sex _____ Age _____ Birthday _____

Student's Name _____ Sex _____ Age _____ Birthday _____

Student's Name _____ Sex _____ Age _____ Birthday _____

Address (street) _____ (city) _____ (state) _____ (zip) _____

Telephone _____ Additional Phone _____

Emergency Information

Emergency Contact (other than parent) _____ Telephone _____

Does the student have any medical conditions or taking any prescriptions to which we should be alerted? _____

If yes, please explain: _____

Acknowledgement of Risk and Waiver of Liability/Assumption of Risk

I hereby consent to members of my family participating in the Conrad's Gymnastics Academy programs and/or affiliate programs. I recognize that there is an assumption of risk when participating in sports, and understand that injuries including permanent paralysis or death can happen when participating in activities involving height and/or motion including but not limited to martial arts, dance, gymnastics and tumbling and trampoline activities. That said, I agree to make myself and my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions as posted in the gym and as verbally instructed by staff members. I fully understand that Conrad's Gymnastics Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Conrad's Gymnastics Academy staff to render first aid to me, or my children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Conrad's Gymnastics Academy. Staff member or its representatives, whether paid or volunteer, to a health care facility or hospital.

I understand that it is the express intent of Conrad's Gymnastics Academy to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Conrad's Gymnastics Academy, its officers, employees, affiliates, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Conrad's Gymnastics Academy.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury as is clearly posted in the gym. I also understand that safe, professional instruction often includes hands-on spotting to my child. I permit Conrad's Gymnastics Academy to use pictures of my child for its advertising/direct marketing/web promotions, and understand they will NOT use my child's full name in the aforementioned projects. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. I have read and understand the general information on the back of this form.

Parent or Legal Guardian Date

THIS SECTION FOR NEW CUSTOMERS: where you referred by a current family? YES NO

If yes, please state their name here so they can receive their "REFERRAL" credit: _____

for office use: last name of family listed above: _____ first paid session: _____
 date ref coup mailed _____ initials _____