

FLAMES GYMNASTICS ACADEMY INC.

9850 W. PEORIA, PEORIA, AZ 88345 623-875-7777

FLAMES GYMNASTICS WEST, INC.

407 S.107TH AVE. TOLLESON,AZ 85353 623-875-7777

Student: _____ M / F Date of birth: _____
Student: _____ M / F Date of birth: _____
Student: _____ M / F Date of birth: _____
Resp. Party _____ Mother ___Father ___Grandparent ___Guardian
Address: _____
Home phone #: () _____ Cell phone #: () _____
Mother's phone #:() _____ Father's phone #:() _____
Emergency phone #: () _____ Name(s) e-mail _____
Medical Conditions: _____ Physician: () _____

Medical Consent and Release of Liability

As legal guardian, I understand that the sport of gymnastics involves certain inherent risks including the possibility of serious injury or death. In consideration of my participation and or my child's participation in the activities including but not limited to gymnastics classes, tumbling, cheerleading, trampoline, karate, private lessons, clinics, open gym, dance lessons, competitions, team work-outs, or any special events of Flames Gymnastics Academy Inc./Flames Gymnastics West Inc.. I am also aware that participation in day camps involves transportation to and from various field trips and as a result I and or my child could be injured or killed in a vehicular accident. I do hereby agree to hold free from any and all liabilities, claims, damages, injuries, or losses, Flames Gymnastics Academy Inc./Flames Gymnastics West Inc., its respective owners, officers, employees, members, and the owner of the property where the business is being carried out and due hereby for myself, my heirs, executors, and administrators release and forever discharge all rights and claims for damages which I or my child may have or which may hereafter occur to me or my child arising out of or connected with me or my child's participation in any of the activities of Flames Gymnastics Academy Inc./Flames Gymnastics West Inc.. Also, any costs incurred including but not limited to: medical treatment of any type, costs for any medications, ambulance expenses, therapy of any type, costs for 'pain and suffering', liability, punitive damages, costs incurred for loss of work due to injury, or for loss of work for transporting and/or caring for myself and/or an injured child, etc. As part of being at Flames Gymnastics Academy Inc./Flames Gymnastics West Inc., my picture and my child's picture may be taken and used on websites, advertisements, and on posters in the lobby.

I hereby grant my consent for Flames Gymnastics Academy Inc./Flames Gymnastics West Inc. and any of its officers or agents to provide emergency medical care if necessary to myself and my child. This includes, but is not limited to: the services of a physician and/or Emergency room if considered necessary by the staff of Flames Gymnastics Academy Inc./Flames Gymnastics West Inc.. I also agree to assume responsibility for any and all expenses incurred for the emergency medical treatment of myself and my child.

Signature: Parent or Guardian _____ Print _____ Relationship _____ Date _____ Hospital Preference _____

TRIAL DATE: _____ DAY: _____
CLASS: _____
TIME: _____

REGISTRATION \$ _____
MO.FEES \$ _____ PRO-RATED\$ _____
PD DATE: _____
DAY(S) _____ TIME(S) _____

