

Credit Card _____
I-Class _____



Registration From
Updated 2/2019

Parent/Guardian First Name _____ / _____ Last Name _____ / _____
Mother Father Mother Father

Address _____ City _____ State _____ Zip _____

Mom's Cell _____ Work# _____ Dad's Cell _____ Work # _____

Home/Land Line # _____ E-Mail(s) _____ / _____

Emergency Contact Name _____ Phone # _____

How did you Hear about us? _____

Student Name _____ Birthday: _____ Gender M F

Assumption of Risk, Waiver of Liability: As legal guardian of the above named students, I understand that in consideration of participating in classes offered at Desert Thunder Gymnastics I represent that I understand the nature of these activities and that my child/children are qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity. I am also aware that participation in activities may involve transportation to and from various places and as a result my child could be injured or killed in a vehicular accident. I hereby release, discharge, and covenant not to sue Desert Thunder, its respective administrators, directors, agents, officers, volunteers, and employees, other participants any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost, which any may incur as the result of such claim. I have read the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed freely and without inducement. I hereby grant my consent for Desert Thunder Gymnastics and any of its officers or agents to provide emergency medical care if necessary to my above-named child. This includes, but is not limited to: the services of a physician and/or Emergency room if considered necessary by the staff of Desert Thunder Gymnastics. I also agree to assume responsibility for any and all expenses incurred for the emergency medical treatment of my child.

I have read, understand, and agree to the policies laid out by Desert Thunder Gymnastics.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____

BILLING INFORMATION

I agree that my credit/checking account will be charged before each session for my balance due. Auto billing only applies to recurring session tuition and annual membership fees. Fees for other products/services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has recurring tuition I am continuously enrolled in the program. I will incur recurring monthly/session tuition charges on my account until I submit a Desert Thunder drop request. This request must be made 15 days prior to withdraw date.

Signature _____ **Date** _____

Party responsible for payments if different than Parent/Guardian above _____

Phone _____ **Email** _____

PHOTO RELEASE

(Optional)

I understand and agree that Desert Thunder may take photographs of my child for the sole lawful purpose of publicity, illustration, advertising and web content.

Parent/Guardian Signature _____ **Date** _____

MEDICAL HISTORY SURVEY
Only one child per medical release form

Student's Name _____

Does participant have any condition that would preclude or limit participation in our programs? YES NO
If yes, explain _____

Has participant ever been informed that they have asthma? YES NO
If yes, is it controlled by medication? YES NO

Has participant ever been informed that they might have epilepsy, or ever experienced a seizure? YES NO

Has participant been treated for infectious mononucleosis, viral pneumonia,
or another infectious disease during the past twelve months? YES NO

Has participant ever been treated for or informed by a medical doctor that they have a heart problem,
a heart murmur, or high blood pressure? YES NO

Has participant ever been told they had hemophilia or other bleeding disorders
or currently have easy bleeding or bruising? YES NO

Has participant ever been told that they have a hernia? YES NO
If yes, is it repaired? YES NO

Has participant had any operations in the past two years? YES NO
If yes, indicate the anatomical site and date _____

Is participant currently taking prescribed medications? YES NO
If yes, list drug name and why prescribed _____

Has participant ever been treated for Osgood-Schlatter (knee) Disease? YES NO

Has participant had a fracture during the past two years? YES NO
If yes, indicate site of fracture and date _____

Has participant had any joint dislocation during the past two years? YES NO
If yes, indicate which joint _____

Does participant ever experience pain in the back? YES NO
If yes, circle frequency *Seldom Occasionally Frequently ONLY on vigorous exercise or heavy lifting*

Is participant allergic to penicillin or any other medications? YES NO
If yes, list _____

Have there been any disciplinary, emotional, learning disabilities or other concerns, we should be aware of? YES NO
If yes, explain _____

List special medical conditions/allergies/restrictions _____

All of the above questions have been answered completely and accurately to the best of my knowledge

Parent/Guardian Signature _____ **Date** _____