

Class \_\_\_\_\_

Day/Time \_\_\_\_\_

# Desert Thunder Gymnastics

Office Use Only.

## Registration Form

Updated 2-1-2015

Parents/Guardian/Billing Contact: **Mother** / **Father** **Mother** **Father**  
Parents/Guardian **First Name**: \_\_\_\_\_ / \_\_\_\_\_ **Last Name**: \_\_\_\_\_

**Address**: \_\_\_\_\_ **City**: \_\_\_\_\_ **State**: \_\_\_\_\_ **Zip**: \_\_\_\_\_

**Mom's Cell Phone#**: \_\_\_\_\_ **Dad's Cell Phone#**: \_\_\_\_\_ **Work Phone#**: \_\_\_\_\_

**Home/Land line #**: \_\_\_\_\_

**E-Mail**: \_\_\_\_\_ **How did you Hear about us?** \_\_\_\_\_

**Emergency Contact Name**: \_\_\_\_\_ **Phone #**: \_\_\_\_\_

### Student Information:

#### 1st Student

**Name**: \_\_\_\_\_ **Birthday**: \_\_\_\_\_ **Sex** **M** **F**

#### 2nd Student

**Name**: \_\_\_\_\_ **Birthday**: \_\_\_\_\_ **Sex** **M** **F**

#### 3rd Student

**Name**: \_\_\_\_\_ **Birthday**: \_\_\_\_\_ **Sex** **M** **F**

#### 4th Student

**Name**: \_\_\_\_\_ **Birthday**: \_\_\_\_\_ **Sex** **M** **F**

**Special Medical Conditions/Allergies/Restrictions**: \_\_\_\_\_

### Payment/Billing Information:

\_\_\_\_\_. I agree that my credit/checking account will be charged on the first of the calendar month for my balance due. Auto billing only applies to reoccurring 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 reoccurring tuition I am continuously enrolled in the program. I will incur reoccurring 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**: \_\_\_\_\_

**Assumption of Risk, Waiver of Liability:** As legal guardian of the above named students, I understand that in consideration of participating in the Desert Thunder Gymnastics I represent that I understand the nature of this activity 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 involved 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.**

\_\_\_\_\_  
**Printed Name of Participant** **Parent or Guardian Signature** **Date**

### PHOTO RELEASE

(Optional)

\*\*\*\*\*MEDICAL HISTORY SURVEY ON BACK\*\*\*\*\*

Class \_\_\_\_\_

Day/Time \_\_\_\_\_

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/legal guardian \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL HISTORY SURVEY

(If you have more than one child, and need to circle yes for one, or more. Just write their name(s) above the yes)

**Students Name** \_\_\_\_\_

Does participant have any condition that would preclude or limit participation in our programs?

If yes, please explain: \_\_\_\_\_ YES NO

Has participant ever been informed that they have asthma? YES NO

If so, 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? If so, is it repaired? YES NO

Has participant had any operations in the past two years? If yes, indicate the anatomical site and date: \_\_\_\_\_

YES NO

Is participant currently taking prescribed medications? If so, indicate name of drug and indicate why it is prescribed: \_\_\_\_\_

YES NO

\*\*\*\*\*MEDICAL HISTORY SURVEY ON BACK\*\*\*\*\*

Class \_\_\_\_\_

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Has participant ever been treated for Osgood-Schlatter (knee) Disease?

YES NO

Has participant had a fracture during the past two years? If yes, indicate the site of the fracture and the date: \_\_\_\_\_

YES NO

Has participant had any joint dislocation during the past two years? If so, please indicate which joint: \_\_\_\_\_

YES NO

Does participant ever experience pain in the back?

YES NO

If yes, indicate frequency by circling the answer:

*SELDOM / OCCASIONALLY / FREQUENTLY / ONLY ON VIGOROUS EXERCISE or HEAVY LIFTING*

Is participant allergic to penicillin or any other medications?

YES NO

If so, please list: \_\_\_\_\_

Have there been any disciplinary, emotional, learning disabilities or other concerns, which we should be aware of? If so, please explain: \_\_\_\_\_

YES NO

PARENT / GUARDIAN / STUDENT: All of the above questions have been answered completely and accurately to the best of my knowledge:

Sign: \_\_\_\_\_ Date: \_\_\_\_\_