



425 South Riverside Avenue, Croton-on-Hudson, NY 10520
(914) 271-2400

REGISTRATION FORM

LAST NAME _____ HOME PHONE# _____

ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

STUDENT NAME#1 _____ SEX _____ DATE OF BIRTH _____

STUDENT NAME#2 _____ SEX _____ DATE OF BIRTH _____

FATHER'S NAME _____ WORK PHONE# _____

MOTHER'S NAME _____ WORK PHONE# _____

MEDICAL INFORMATION _____

EMERGENCY NAME & PHONE _____

EMAIL _____

I HAVE READ AND UNDERSTAND ALL RULES AND POLICES OF
STRADDLES GYMNASTICS, INC.

PARENT'S SIGNATURE _____ DATE _____

STRADDLES GYMNASTICS (CLUB WAIVER AND RELEASE FORM)

I FULLY UNDERSTAND THAT (STRADDLES GYMNASTICS INC.) STAFF MEMBERS ARE NOT PHYSICIANS OR MEDICAL PRACTITIONERS OF ANY KIND. WITH THE ABOVE IN MIND, I HEREBY RELEASE THE (STRADDLES GYMNASTICS INC.) STAFF TO RENDER TEMPORARY FIRST AID TO MY CHILD OR CHILDREN IN THE EVENT OF ANY INJURY OR ILLNESS, AND IF DEEMED NECESSARY BY THE (STRADDLES GYMNASTICS INC.) STAFF TO CALL OUR DOCTOR AND TO SEEK MEDICAL HELP, INCLUDING TRANSPORTATION BY A (STRADDLES GYMNASTICS INC.) STAFF MEMBER AND OR ITS REPRESENTATIVES, WHETHER PAID OR VOLUNTEER, TO ANY HEALTH CARE FACILITY OR HOSPITAL, OR THE CALLING OF AN AMBULANCE FOR SAID CHILD SHOULD THE (STRADDLES GYMNASTICS INC.) STAFF DEEM THIS TO BE NECESSARY.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____ / _____ / _____

WE THE STAFF OF (STRADDLES GYMNASTICS INC.) RECOGNIZE OUR OBLIGATION TO MAKE OUR STUDENTS AND THEIR PARENTS AWARE OF THE RISKS AND HAZARDS ASSOCIATED WITH THE SPORT OF GYMNASTICS, TUMBLING, CHEERLEADING, AND DANCE. STUDENTS MAY SUFFER INJURIES, POSSIBLY MINOR, SERIOUS, OR CATASTROPHIC IN NATURE. GYMNASTICS, TUMBLING, AND CHEERLEADING CAN BE DANGEROUS AND CAN LEAD TO INJURY!

PARENTS SHOULD MAKE THEIR CHILDREN AWARE OF THE POSSIBILITY OF INJURY AND ENCOURAGE THEIR CHILDREN TO FOLLOW ALL THE SAFETY RULES AND THE COACHES INSTRUCTIONS.

THE (STRADDLES GYMNASTICS INC.), ITS COACHES AND OTHER STAFF MEMBERS, WILL NOT ACCEPT RESPONSIBILITY FOR INJURIES SUSTAINED BY ANY STUDENT DURING THE COURSE OF GYMNASTICS, TUMBLING, DANCE OR CHEERLEADING INSTRUCTION, OR OPEN WOKOUTS, OR IN THE COURSE OF ANY EXHIBITION, COMPETITION, OR CLINIC IN WHICH HE OR SHE MAY PARTICIPATE OR WHILE TRAVELING TO OR FROM THE EVENT.

WITH THE ABOVE IN MIND, AND BEING FULLY AWARE OF THE RISKS AND POSSIBILITY OF INJURY INVOLVED, I CONSENT TO HAVE MY CHILD OR CHILDREN PARTICIPATE IN THE PROGRAMS OFFERED BY (STRADDLES GYMNASTICS INC.). I, MY EXECUTORS OR OTHER REPRESENTATIVES, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES THAT I OR MY CHILD MAY HAVE AGAINST THE (STRADDLES GYMNASTICS INC.) AND OR ITS REPRESENTATIVES WHETHER PAID OR VOLUNTEER.

I ALSO AFFIRM THAT I NOW HAVE AND WILL CONTINUE TO PROVIDE PROPER HOSPITALIZATION, HEALTH, AND ACCIDENT INSURANCE COVERAGE WHICH I CONSIDER ADEQUATE FOR BOTH MY CHILD'S PROTECTION AND MY OWN PROTECTION.

I ALSO UNDERSTAND THAT IT IS THE PARENTS' RESPONSIBILITY TO WARN THE CHILD ABOUT THE DANGERS OF GYMNASTICS AND INJURY. THE PARENT SHOULD WARN THE CHILD ACCORDING TO WHAT THE PARENT FEELS IS APPROPRIATE. THE (STRADDLES GYMNASTICS INC.) WILL ONLY WARN THE CHILD THROUGH "SAFETY MESSAGES" AND OUR TEACHING STYLE AND PROGRESSIONS.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____ / _____ / _____