

ADULT CLASS REGISTRATION

Please read agreement on reverse side before you register

TODAY'S DATE: _____

1. STUDENT'S NAME: _____ BIRTHDATE _____ SEX _____

CLASS/DAY/TIME _____ START DATE _____

Credit Card # _____ Exp. # _____ Verification Code _____

Name on Credit Card _____

Billing address on Credit Card, if different than contact info. below _____

Would you like to use our Monthly Auto-Pay Program for tuition? Please circle Yes No (Required if paying every 4-weeks)

FATHER'S NAME: _____ FATHER'S CELL: () _____

MOTHER'S NAME: _____ MOTHER'S CELL: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: () _____ E-mail Required: _____

2. 2nd STUDENT IN FAMILY: _____ BIRTHDATE _____ SEX _____

CLASS DAY/TIME _____ START DATE _____

3. 3rd STUDENT IN FAMILY: _____ BIRTHDATE _____ SEX _____

CLASS DAY/TIME _____ START DATE _____

In case of an emergency the person other than the parents to be notified is:

Name/Relationship _____ Emergency Phone _____

Medical Authorization and Agreement to Policies

I fully understand that the staff of Patti's All-American Gymnastics, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release Patti's All-American Gymnastics, Inc. to render me first aid in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. I agree to provide health insurance for myself/or guarantee payment of any medical expenses incurred as a result of participation in activities at Patti's All-American Gymnastics, Inc.

INITIALS X

Do you have any medical conditions (mental or physical) or medications we should be aware of, including but not limited to (circle all that apply); seizures, dizzy spells, previous neck or spine injuries or conditions, high blood pressure, diabetes, epilepsy, heart condition etc. ***ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE claiming you are fit enough to take "YOGA" or "DANCE".

INITIALS X _____

Signature: **X** _____

OFFICE USE ONLY

Date paid _____

CA CH VS
MC DEBIT
AUTO PAY

Initial J.Rabbit _____

Returner _____

Joiner _____

Trial Yes / No

Future Drop Date

_____ Initials

Trial enrolled Yes / No

Reg. Due Date

For Office Use Only

JPC JCa

WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES

I hereby consent to my participation in yoga and/or dance offered by Patti's All-American Gymnastics, Inc. I understand that participation in these activities at Patti's All-American Gymnastics, Inc. may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death from various causes, known and unknown, which include, but are not limited to, certain movements, rotation of the body, and movement of the body in a unique environment. I am fully aware of the inherent risks **involved in dance or yoga, and any and all other activities** offered by Patti's All-American Gymnastics, Inc. and the possibility of injury from participating in the aforementioned activities.

In consideration for my participation in activities offered by Patti's All-American Gymnastics, Inc., I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have against Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Patti's All-American Gymnastics, Inc. It is also my intent to release Patti Komara, Patti's All-American Gymnastics, Inc. and any agent, employee, representative, or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. I have read this acknowledgment of risk and WAIVER OF LIABILITY and understand it completely and sign it voluntarily. I am 18 years of age or older.

By my attendance in class, I am granting my permission to be filmed, videotaped, audio-taped or photographed by any means and am granting full use of my likeness, voice, and words without compensation.

Did anyone refer you to our gym? They receive \$20.00 towards their tuition and a spin on the 'Wheel of Fortune'. Name: _____
How did you hear about Patti's? Sign by Street _____ Yellow Pages _____ Newspaper - Which One? _____ Word of Mouth _____
Entertainment Coupon _____ Other (Please specify) _____
Internet _____ Email I Received _____

X _____ **SIGNATURE** _____ **Date** _____

SEE OTHER SIDE FOR MEDICAL AUTHORIZATION