



Office Use Only:

Day: _____

Time: _____

Coach: _____

Month: _____

Registration: _____

Tuition: _____

Total: _____

Student's Name: _____ M ___ F ___ Birthdate: _____

Address: _____ City: _____ Zip: _____

Parent's Name _____ Home: _____ Cell: _____

Parent's Name _____ Cell: _____ Other: _____

E-mail: _____

Other Emergency Contact: _____ Relation: _____ Phone: _____

Physical conditions / Allergies of which we should be aware: _____

How did you hear about us _____

FINANCIAL AGREEMENT

I am responsible to pay all fees and dues promptly until I give WRITTEN NOTICE of withdrawal. Dues and fees are paid up to the day of notice is received by GYMNASTICS UNLIMITED. There will be a late fee of \$10 if tuition is received after the 10th of the month.

CONSENT AND RELEASE FORM LIABILITY

WE, the undersigned, parent or legal guardians of the Applicant whose name appears above hereof, for and in consideration of such Applicants participation in the instructional and recreational programs of GYMNASTICS UNLIMITED, do herewith and hereby agree to indemnify and hold harmless the said GYMNASTICS UNLIMITED, its officers, instructors, employees and agents, from any and all liability, loss or damage, including reasonable attorney's judgments against the said GYMNASTICS UNLIMITED, it's officers, instructors, employees and agents, from whatsoever extent of nature, including without limitation, and injury, illness or accident, to such Applicant arising from such Applicant's participation in any program or course of instruction of the said GYMNASTICS UNLIMITED.

I, the undersigned, do hereby authorize GYMNASTICS UNLIMITED, it's delegated leaders and directors, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is endured by any licensed physician or licensed medical facility, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital. It is understood that a reasonable attempt will be made to communicate with me prior to such treatment. I further agree that GYMNASTICS UNLIMITED and It's personal are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with such diagnosis or advice and treatment. I agree to accept full responsibility for any and all costs incurred hereunder. This authorization and consent to treatment of my child is given to GYMNASTICS UNLIMITED in conduction with any authorized activity. I agree that a copy of this consent and release is valid as the original.

PARENT OR GUARDIAN _____ DATE _____



www.gymnasticsultd.com

28373 Constellation Road, Valencia, CA 91355

661.257.2GYM