

2011-2012 NEW BERN GYMNASTICS WAIVER & RELEASE FORM

1st Student _____ Date of Birth ___/___/___ Sex M / F Date of Enrollment ___/___/___
Drop Date ___/___/___ Intl. _____
Class Name: _____ Day: _____ Time _____

2nd Student _____ Date of Birth ___/___/___ Sex M / F Date of Enrollment ___/___/___
Drop Date ___/___/___ Intl. _____
Class Name: _____ Day: _____ Time _____

3rd Student _____ Date of Birth ___/___/___ Sex M / F Date of Enrollment ___/___/___
Drop Date ___/___/___ Intl. _____
Class Name: _____ Day: _____ Time _____

How did you hear about New Bern Gymnastics? _____

Parent(s) or Guardian

Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Hm Phone (____) _____ Wk Phone (____) _____
Cell Phone (____) _____ Cell Phone (____) _____
Email _____

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for my child(ren)'s health and safety. It is understood that I will accept the expense of this service.

Parent/Guardian Signature _____ Date _____

In case of emergency or if I cannot be contacted:

Name _____
Hm Phone (____) _____ Cell Phone(____) _____

Health/Medical Conditions _____

Waiver & Release: I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with participation in a gymnastic event. I further agree that New Bern Gymnastics and their agents, officers, employee, instructors, directors, and landlords shall not be liable for any losses or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in the event.

Medical Release: I hereby give consent to New Bern Gymnastics to provide medical care, and to give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

Image Release: I hereby give consent to New Bern Gymnastics to use my child's image in any form of media, including print, television, and internet, for advertisement and promotional purposes.

Policies / Makeup Policies:

1. Students must make up classes before the end of each session.
2. Make-ups must be scheduled in advance at the front desk or by phone.
3. It is your responsibility to attend the appropriate class each week and schedule a make-up if you miss a class. We will not pro-rate, reimburse, or credit your account for missed classes, dropping mid-month, or failure to inform us of dropping a class.
4. You must notify NBG if your child is stopping gymnastics class participation, if we are not notified before the next payment due date you will be responsible for that payment.
5. If payment is not received during payment week, your account will be assessed a \$5 late fee-no exceptions.

Parent/Guardian Signature _____ Date _____

