

Registration Form



Slovak Gymnastics: Uchen Sokol
No. 417 of Menessesen PA

Student Name: _____
Last First

Birthdate: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mothers Name: _____ Phone: _____

Fathers Name: _____ Phone: _____

Person to contact in an emergency if you cannot be located:

Name: _____ Phone: _____

Any Physical or medical history (including allergies) that we should know about:

_____ or None

APPRECIATION OF RISK:

Participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it a reasonable assumption of risk.

WARNING:

Catastrophic injury, paralysis, and even death can result from improper conduct of gymnastics activity. Appreciate this **warning** as well as the fact that even, under the best conditions, participation in gymnastics activities involves inherent risk on the part of the performer. This is to certify that the undersigned have carefully read and understand the above warning statements. In addition, the undersigned further certify that the inherent risks of gymnastics participation are adequately appreciated and that said participation is done on a strictly voluntary basis. I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance services or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat my child as conditions warrant.

WAIVER:

In consideration of my signing this agreement, I hereby for heirs, administrators, and myself assume any and all risks which may occur by my child's participation in activities associated at Falcon Gymnastics. I waive and release any and all rights and claims for any and all injuries or damages connected with Falcon Gymnastics and Fitness. I agree that my attendance and/or performance at Falcon Gymnastics and abroad at events and such may be photographed, filmed, and/or taped and used by Falcon Gymnastics for marketing purposes and I authorize the use of my image and I waive any compensation thereof- even if I discontinue my training with Falcon Gymnastics. I acknowledge that I would like to receive correspondence from the academy via telephone, mail and email.

Signature: _____ Date: _____
Participant (if 7 years or older)

Signature: _____ Date: _____
Parent / Guardian

1/15/18





Slavak Gymnastics Linton Sokol
No. 417 of Monessen PA

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