

North Stars Gymnastics Training Center

45 State Street, Unit 150
Montpelier, VT 05602
(802) 223-0517

www.northstarsgym.com

REGISTRATION FORM

General Information

Student's Name: _____ Sex: _____ Age: _____ D.O.B. ___/___/___

Address: _____ City: _____ Zip Code: _____

Home Phone : (____) _____ Parent's E-Mail: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

School or Day Care attended: _____

How did you hear about North  Stars Gymnastics? _____

Medical Release Form

Please tell us of any medical conditions that we need to be aware of: _____

Any allergies that we need to be aware of?: _____

I, the parent/legal guardian of _____ give permission for the staff at North Stars Gymnastics Training Center to give my child simple first aid or to be transported to a hospital to receive emergency medical treatment.

Printed name of Parent/or Legal Guardian

Date: _____

Signature of Parent/or Legal Guardian

Who should North Stars Gymnastics call in case of an emergency?

1. Name/Relationship: _____ Phone #: _____

2. Name/Relationship: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Medical Insurance Company: _____

Policy #: _____

**RELEASE AND WAIVER
OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of participating in the **North Stars Gymnastics Program** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either known or not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **North Stars Gymnastics Training Center**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I also give permission for North Stars Gymnastics to use my image for marketing purposes and for program development.

_____ Date: _____
Printed name of participant

Signature of participant

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the Releasees, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney's fees, loss. Liability, damage, or cost any Releasees may incur as a result of any such claim.

I also give my permission for North Stars Gymnastics to use images of my child for marketing purposes and for program development.

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

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Program Information

Mini Stars

2 years old- Kindergarten

Kindergym (Kindergarten age): _____ Tumble Tot 2 (4 ½ yrs. – Kindergarten): _____

Tumble Tot 1 (3 ½ yrs. – 4 ½ yrs.) _____ Mom, Pop, & Tot (2 yrs. – 3 ½ yrs.): _____

Gym Stars

1st – 12th Grade

Girls

Beginner 1: _____ Beginner 2: _____ Intermediate: _____ Advanced: _____

Boys

Beginner 1: _____ Beginner 2: _____ Intermediate/Advanced: _____

North Stars

Team

Level 3: _____ Level 4: _____ Level 5: _____ Level 6: _____

Level 7: _____ Level 8: _____ Level 9: _____

Level 10: _____

North Stars

CAMP

February _____ April _____

Summer

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____

Week 5 _____ Week 6 _____ Week 7 _____ Week 8 _____

Class Day: _____ Class Time: _____