

# ALL AMERICAN FLAMES GYMNASTIX, LLC – REGISTRATION FORM

Return by Fax 810-984-3961, Mail 2915 Lapeer Rd. Port Huron, MI 48060 or deliver to All American Flames Gymnastix before class participation begins

## PARENT / GUARDIAN BILLING INFORMATION



PLEASE PRINT CLEARLY

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACT (IF PARENT IS UNAVAILABLE) \_\_\_\_\_ PHONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**Registration Is Not Complete Without Full Payment.  
No class participation without full payment.  
Classes are filled on a 1<sup>st</sup> come 1<sup>st</sup> serve basis.**

## STUDENT INFORMATION



PLEASE COMPLETE ALL FIELDS CLEARLY

STUDENT NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

SPECIAL MEDICAL RESTRICTIONS/ALLERGIES \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

SPECIAL MEDICAL RESTRICTIONS/ALLERGIES \_\_\_\_\_

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SPECIAL MEDICAL RESTRICTIONS/ALLERGIES \_\_\_\_\_

## WAIVERS



**ASSUMPTION OF RISKS/WAIVER OF LIABILITY:** As the legal guardian of the above mentioned person(s), I am fully aware of the potential dangers, including permanent paralysis or death, which can occur in any sport or activity involving height or motion. I am fully aware that these "height or motion" activities are inherent to the programs of All American Flames Gymnastix, LLC, and I voluntarily ACCEPT ALL RISKS and give my consent for my child(ren) to participate. I further recognize that the above mentioned person(s) is/are qualified, in good health, and in proper physical condition to participate in any and all programs offered by All American Flames Gymnastix, LLC. These programs include, but are not limited to, gymnastics, tumbling, trampolines, inflatables and cheerleading. In consideration for allowing my child to participate in the above mentioned programs/activities, I, on the behalf of myself, my child(ren), our respective heirs, administrators, executors, and successors, hereby RELEASE, DISCHARGE, COVENANT NOT TO SUE and AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS All American Flames Gymnastix, LLC, its owners, officers, directors, employees or other representatives, whether paid or volunteer, from all liability, claims, demands, losses or damages suffered by my child(ren) while under the care, instruction or supervision of All American Flames Gymnastix, LLC. I am fully aware that it is my responsibility to warn the above mentioned person(s) of the potential dangers inherent to the programs offered by All American Flames Gymnastix, LLC, and will do so according to my level of concern. If, at any time, I believe activity conditions are unsafe, I will immediately instruct my child(ren) to discontinue participation in the activity.

**PERMISSION TO TREAT:** I acknowledge that All American Flames Gymnastix, LLC, staff members are not physicians or medical practitioners. I grant permission to All American Flames Gymnastix, LLC, staff members to provide temporary first aid in the event of injury or illness, and if deemed necessary to seek medical help including calling of an ambulance for the above mentioned person(s). I acknowledge that the above mentioned person(s) are in good health and have adequate medical insurance coverage while enrolled at All American Flames Gymnastix, LLC. I agree to provide for all medical expenses incurred by my child as a result of any injury sustained while participating at All American Flames Gymnastix, LLC.

**PERMISSION TO USE PHOTOS:** I grant permission to All American Flames Gymnastix, LLC, to use photographs and videos of my child for use in print or broadcast media as deemed appropriate for the promotion of All American Flames Gymnastix, LLC.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_