



**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Sex: F / M Birth Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_  
 School Name: \_\_\_\_\_ City: \_\_\_\_\_ Grade: \_\_\_\_\_

**FAMILY CONTACT #1 INFORMATION**

Name: \_\_\_\_\_ Relationship: (please circle) Mother / Father / Legal Guardian / Other: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Email: \_\_\_\_\_ (emails are kept confidential)

**FAMILY CONTACT # 2 INFORMATION**

Name: \_\_\_\_\_ Relationship: (please circle) Mother / Father / Legal Guardian / Other: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Email: \_\_\_\_\_ (emails are kept confidential)

**EMERGENCY CONTACT (DIFFERENT THAN CONTACT #1 OR #2)**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Emergency Contact Phone #: \_\_\_\_\_

**CLASS INFORMATION**

1<sup>st</sup> Class Name: \_\_\_\_\_ Day: M T W R F Sat Sun Time: \_\_\_\_\_ Tuition: \_\_\_\_\_  
 2<sup>nd</sup> Class Name: \_\_\_\_\_ Day: M T W R F Sat Sun Time: \_\_\_\_\_ Tuition: \_\_\_\_\_  
 3<sup>rd</sup> Class Name: \_\_\_\_\_ Day: M T W R F Sat Sun Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

**MEDICAL HISTORY & PHYSICIAN INFORMATION**

Medical conditions or allergies to which we should be alerted \_\_\_\_\_  
 Current Medications: \_\_\_\_\_  
 Chronic Allergies: \_\_\_\_\_  
 Disabilities: Learning: \_\_\_\_\_ Vision: \_\_\_\_\_  
 Hearing: \_\_\_\_\_ Other: \_\_\_\_\_  
 Major Illness, Surgery, or Other Injury: \_\_\_\_\_  
 Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical Insurance: \_\_\_\_\_

**PAYMENT AGREEMENT**

There are **NO refunds** for withdrawing from or missing a class. Once registered, my child is in the class for the entire session, regardless of attendance. All registration fees are non-refundable and non-transferable.

I, the undersigned, hereby agree to the above payment terms.

\_\_\_\_\_  
 Signature of Parent OR Legal Guardian \_\_\_\_\_ Date

**\*\*\*OFFICE USE ONLY\*\*\***

Annual Registration Fee .....\$39.00 Per Family.....\$ \_\_\_\_\_  
 Class Tuition.....\$ \_\_\_\_\_  
 Discount for each additional family member or additional classes.....Less 10% = \_\_\_\_\_.....Discounted Class Tuition...\$ \_\_\_\_\_  
 Total Session Class Tuition.....\$ \_\_\_\_\_

**To Prorate Tuition:....Total Session Class Tuition divided by # of weeks in Session then multiply # of weeks attending = \_\_\_\_\_**

TOTAL SESSION CLASS TUITION & REGISTRATION FEE PAYMENT.....Cash  Check  Credit Card  \$ \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_ Staff Initial: \_\_\_\_\_ Credit Card: Disc  MC  Visa  Approval #: \_\_\_\_\_

Cash Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_

CONSENT TO TREAT

In the event of an emergency, and parents or guardians cannot be contacted, I hereby give my consent for the administration of treatment deemed necessary by the attending physician. This authorization does not include major surgery unless the informed medical opinion of the consulting physician indicates immediate medical intervention is necessary.

WAIVER AND RELEASE OF LIABILITY

Disclaimer: Palmer Sports, Inc. is not responsible for any injury or loss of property, to any person while participating, taking class, competing, participating in open gym, birthday parties, or in any other way involved with gymnastics, dance, tumbling, cheerleading, preschool classes or teams at Palmer Sports, Inc. for any reason whatsoever, including ordinary negligence on the part of Palmer Sports, Inc., its owners, officers, agents, or employees.

As legal guardian of \_\_\_\_\_, I am aware that gymnastics, dance, and tumbling, are vigorous sporting activities involving height and rotation in an unique environment and as such they pose a risk of injury. I understand that gymnastics, dance, tumbling, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, spotting rigs, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, dance, tumbling, cheerleading, and related activities involves activities incidental to active participation in gymnastics, dance, and tumbling, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I voluntarily consent to the aforementioned person participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

In consideration for allowing my child (or aforementioned person) to use these facilities, I on my behalf and the behalf of my child (or aforementioned person), hereby release and covenant not-to-sue Palmer Sports, Inc., and any of their owners, officers, employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Palmer Sports, Inc. or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, dance, tumbling, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

I further agree to indemnify and hold harmless Palmer Sports, Inc. and all others listed for any and all claims arising as a result of my child engaging in or receiving instruction in Palmer Sports, Inc. activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Illinois and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Illinois.

USE OF PHOTOGRAPHIC IMAGES

I agree that any photography or video taken while participating in a class, special event or use of the facility may be used for promotional purposes for Palmer Sports, Inc.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies, which may be available to me or my child for the ordinary negligence of Palmer Sports, Inc., or any person listed above.

(Signature of Parent or Legal Guardian or Participant if Over 18)

Date