

PLEASE PRINT AND FILL OUT BOTH SIDES OF CARD

STUDENT: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET APT # P.O. BOX

\_\_\_\_\_  
CITY STATE ZIP CODE

HOME PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENTS: \_\_\_\_\_ CELL: \_\_\_\_\_  
MOTHER

\_\_\_\_\_  
FATHER CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOTHER'S WORK PHONE: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_

FAMILY PHYSICIAN & PHONE: \_\_\_\_\_

PLEASE LIST ANY EXISTING MEDICAL PROBLEMS & TREATMENT:

\_\_\_\_\_

\_\_\_\_\_

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

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Office Use Only

Date Enrolled: \_\_\_\_\_ Date Dropped: \_\_\_\_\_

Class Day & Time: \_\_\_\_\_

Client Acct. No. \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

I, we, the undersigned, parent(s) of \_\_\_\_\_  
(PRINT) First Last

a minor, do hereby authorize any adult instructor of Rising Star Gymnastics as an agent for the above minor to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the physician’s office or at the hospital. This authorization is given pursuant to Provisions of Section 25.8 of the Civil Code of California. This authorization is to include transportation by a Rising Star Gymnastics staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Rising Star Gymnastics staff deem this is necessary.

I, we, the undersigned, also authorize said physician or hospital to release student to gym officials or Rising Star Gymnastics staff upon completion of treatment. This is given pursuant to Section 1283 of the health and Safety Code of California.

**MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT**

We, the staff of Rising Star Gymnastics, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling and dance. Any activity involving height or motion creates the possibility of serious injury, paralysis and even death from landing on the neck, head and other parts of the body. Mats and pits do not eliminate this hazard.

**RELEASE**

**Initials**

\_\_\_\_\_ 1. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Rising Star Gymnastics including instruction, open workouts, running and conditioning, exhibitions, competitions, or clinics in which he or she may be participating or while traveling to or from any activity sponsored by Rising Star Gymnastics.

\_\_\_\_\_ 2. I/ We recognize that it is the responsibility of each participant to practice safe gymnastics and will instruct my/our child/children accordingly.

\_\_\_\_\_ 3. I/ We fully understand and will direct the minor participant that there are risks and dangers associated with participation in gymnastics events including but not limited to bodily injury, partial and/or total disability and death.

\_\_\_\_\_ 4. These risks may be caused by the negligence of the participant or negligence of others and there may be other risks not known to us at this time.

\_\_\_\_\_ I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Rising Star Gymnastics and/or its representatives whether paid or volunteer.

**I/We have read this release and have signed it voluntarily. I understand that one it is signed by me it is legally binding. I acknowledge having read this Agreement in its entirety.**

\_\_\_\_\_  
PARENT(S)/GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

# FINANCIAL OBLIGATION

Please Print

I, \_\_\_\_\_, have enrolled my child \_\_\_\_\_  
First Last

at Rising Star Gymnastics. I understand that class space is held for my child and I am financially responsible for my monthly fees for 30 days after I inform the office in writing that we are dropping the class or classes. Termination must be made in writing thirty days in advance of dropping a class. I understand I am responsible for monthly tuition, charges, and activities for 30 days after Rising Star Gymnastics receives my drop form or notice in writing.

I understand that I am responsible to pay my child(ren)'s monthly tuition on or before the 1<sup>st</sup> of each month for the upcoming months tuition fees. Outstanding balances on accounts after the 1<sup>st</sup> of each month will be charged a \$10.00 late fee each month until the account balance is \$0.

I have read this agreement and understand that once it is signed by me it is a legally binding and enforceable obligation and I agree to comply with all the provisions, terms and conditions set forth in this agreement. I acknowledge I have received a copy of Rising Star Gymnastics General Information and Guidelines booklet.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# PHOTO RELEASE

I, \_\_\_\_\_, hereby give permission for my photographs of my child(ren), \_\_\_\_\_, to be used by Rising Star Gymnastics in newsletters, advertising, print and video media, and the Rising Star Gymnastics website.

I hereby release and discharge Rising Star Gymnastics from any and all claims arising out of the use of the photograph/video/sound that I or the minor child(ren) listed may have in this regard.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

I decline to have any photographic images of my child(ren) used by Rising Star Gymnastics.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_