



2017 Summer Instructional Program Registration Form

STUDENT INFORMATION

Child #1 _____ DOB _____ Age _____ M or F
 Allergies/Medical Condition _____ Years Experience _____ Class _____ Day/Time _____
 Child #2 _____ DOB _____ Age _____ M or F
 Allergies/Medical Condition _____ Years Experience _____ Class _____ Day/Time _____

OFFICE USE only:	
Class Tuition Fee	_____
Discounts Applied	_____
TOTAL DUE	_____

PARENT CONTACT INFORMATION (please fill out completely)

Mother's Name: _____ Father's Name: _____
 Cell Phone: _____ Cell Phone: _____ Home Phone _____
 Address _____ City _____ Zip Code _____
 Email: _____ Emergency Contact _____ Phone _____

USE OF IMAGES/NAME IDENTIFICATION – I authorize SSGA to use images in print and on the internet of me and/or my child and/or ward, both with and without name identification, for SSGA publicity, promotional and advertising purposes and release any and all claims and/or rights I and/or my child and/or ward might have as a result.. I authorize SSGA to take pictures and videos of my child and post them, either print form or online.

Parent/Guardian Signature _____

RELEASE AND LIABILITY WAIVER-PLEASE READ CAREFULLY

MEDICAL AUTHORIZATION – I authorize South Shore Gymnastics Academy (SSGA) to transport my child and/or ward to a doctor, hospital or other health care facility and to act in my place to obtain medical or hospital treatment.

RELEASE OF LIABILITY/INDEMNITY FOR PERSONAL INJURY - release SSGA, it's owners, instructors, employees, agents and servants, from any and all liability for personal injury to me and/or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of SSGA and/or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by SSGA, whether at its facilities or elsewhere. On behalf of myself and my child and/or ward, I agree to indemnify and hold harmless the said SSGA and its owners, operators, instructors, employees, agents and servants from any and all claims, damages, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

Parent/Guardian Signature _____

ACKNOWLEDGEMENT OF ACTIVITY RISKS

I **acknowledge** my understanding and acceptance of the following:

1. That the activities offered by SSGA include active sports which can result in injury to participants and/or spectators;
2. That SSGA provides an observation area and that I have the option to remain in the observation area while my child and/or ward is in a class, working out or performing;
3. That in the event I choose to leave my child and/or ward before, during or after a class, workout or a performance, I hereby give SSGA my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child and/or ward, selecting a health care facility and obtaining treatment for him/her;
4. That in my absence SSGA does NOT assume any responsibility for the care, custody, control, condition, health or well-being of my child and/or ward.

ACKNOWLEDGEMENT OF RULES AND POLICIES – I **acknowledge** that SSGA has rules and policies in place regarding safety, use of facilities, conduct and the like. I have reviewed all currently in place (copies always available at SSGA facilities). I understand that failure to follow the rules in SSGA's discretion may result in revocation of all privileges provided by SSGA without refund of any prepaid fees. By signing below, I certify that I have read and agree with the above **AUTHORIZATIONS, RELEASES AND ACKNOWLEDGEMENTS**.

Parent Signature _____ Date _____ Printed Name _____