

Registration 2017

Waiver

CLASS ENROLLED.....

DATE ENROLLED..... TIME.....

STUDENT'S FIRST NAME.....

SURNAME.....

DATE OF BIRTH..... AGE AT ENROLLMENT.....

E-MAIL.....

ADDRESS.....

..... HOME TEL.....

MOTHER'S NAME..... MOBILE.....

FATHER'S NAME..... MOBILE.....

Are there any special needs/medical conditions we need to be aware of? If so, explain below:

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How did you hear about Gymnastics?

Please read, fill out and sign below:

As, the parent/legal guardian of:

.....

I consent to my child participating in the activities offered at Gymnastics by Manami Jenden. I understand there are inherent risks of injury associated with gymnastics as with any physical activity that involves motion, rotation and height. I am fully aware of and appreciate these risks. I hereby release Manami Jenden and her employees from any liability arising due to an occurrence during my child's participation in these classes.

By participating in a class I state my child is medically fit to take part and I have declared any medical history. If I cannot be contacted in the case of illness or accident, I authorise Gymnastics and its employees to seek any medical, hospital or ambulance services required for my child. I understand that I will be responsible for any and all expenses that may arise and I have the appropriate medical insurance cover. I also understand that I am responsible for the cost of any damage my child causes to the premises and facilities. I have read and understood the terms and conditions on the Gymnastics website.

DATE/PLACE..... SIGNATURE.....

PRINT NAME.....

From time to time, photos/videos of the lessons maybe taken and used to promote these classes. I give consent for photographs and video clips to be taken of my child and that these may be used for promotional purposes by Gymnastics.

YES / NO (Please circle accordingly)