

San Mateo Gymnastics, Inc. & TumbleTown Registration Form

Date _____

Students Name _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____

Phone _____ School _____

Emergency Cell Phone _____ Email Address _____

Other Family Members Currently Enrolled at SMG? Yes No Name _____

Father's Name _____ Occupation _____ Phone _____

Mother's Name _____ Occupation _____ Phone _____

Physician _____ Phone _____

Medical Insurance Company _____

How Did You Hear About SMG? _____

PLEASE READ AND SIGN THE FOLLOWING INFORMATION

Does your child have any medical problems of which SMG should be aware? (Diabetes, asthma, heart problems, epilepsy, etc.) _____

List any and all allergies or sensitivities to drugs, medicine or insect/animal bites: _____

I/We the undersigned parent(s) of _____, a minor, do hereby authorize any adult instructor of San Mateo Gymnastics to act as agent(s) for the undersigned and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether or not such diagnosis or treatment is rendered at the office of said physician or at the hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective indefinitely unless sooner evoked in writing and delivered to said agent(s).

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of San Mateo Gymnastics Inc., herein after collectively referred to as SMG, their agents, owner, officers, employees, and all other persons or entities acting in any capacity on their behalf, I do hereby agree to release personal representative and estate as follows:

1. I understand and acknowledge that the activity I am about to engage in possesses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself, to property, or to third parties. The following describes some, but not all, of those risks. Gymnastics entails certain risks which simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, gymnastics students would not improve their skills, and the enjoyment of the sport would be diminished. Gymnastics exposes its participants to the usual risk of cuts and bruises. Other more serious injuries may exist as well. Any activity involving height or motion, including gymnastics, can cause permanent injury, paralysis or even death. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if you are injured, you may require medical attention and assistance at your own expense.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in the activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify SMG from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected to my participation in this activity, including those allegedly attributable to the negligent acts or omissions of SMG.
4. Should SMG, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may cause or suffer while participating in this event, or else I agree to indemnify and reimburse SMG for such fees and costs.

Be signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SMG on the basis of any claim from which I have released herein. I have had sufficient opportunity to read this entire document. I have read and understand it and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

Parent Signature (if participant is a minor) _____

PARENT/GUARDIAN ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)("minor") being permitted by SMG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SMG from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian Signature _____

Print Name _____

Date _____

If I chose to withdraw my child from San Mateo Gymnastics, I agree to give the front desk a (2) two week written notice of our intent to withdraw. *Without this notice, your account will be charged until notice is received.* _____ (Initial)