

Milwaukee Turners Gymnastics Registration Form

Student Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Home Phone: _____ Alternate Phone/Cell: _____

Address: _____ City: _____ Zip: _____

Relation to Student: _____ Email address (optional): _____

Emergency Contact: _____ Phone: _____

Medical Conditions/Allergies

Release of Liability: Please read and initial every statement (Front and Back)

____ I UNDERSTAND THAT GYMNASTICS ACTIVITIES INVOLVE RISK AND POSSIBLE INJURY AND THAT ANY PARTICIPANT MUST BE COVERED BY A COMPREHENSIVE PERSONAL HEALTH INSURANCE PROGRAM. As a parent/legal guardian it is my responsibility to decline any participation of activity if physical, emotional, or behavioral problems exist that may cause injury to my child.

____ I AGREE TO HOLD MILWAUKEE TURNERS GYMNASTICS HARMLESS FOR ANY INJURY OR ACCIDENT THAT MAY RESULT FROM PARTICIPATION IN GYMNASTICS ACTIVITIES and release Milwaukee Turners, the staff, board, facility, equipment owners, and any other related parties from the responsibility or liability for any medical expenses, insurance deductibles, and any other damages incurred by my child, myself, or other family members while participating, visiting the facilities, in the parking area, or travelling to/from a related event.

____ IN THE CASE OF SEVERE INJURY OR ILLNESS DURING PARTICIPATION, I AUTHORIZE AND DESIRE MEDICAL ATTENTION FOR MY CHILD OR MYSELF AT THE DISCRETION OF THE ATTENDING PHYSICIAN. I accept responsibility for all associated expenses.

____ AS A PARENT/LEGAL GUARDIAN, WHEN VISITING MILWAUKEE TURNERS GYMNASTICS I ACCEPT THE RESPONSIBILITY OF SUPERVISING AND CONTROLLING ANY CHILDREN/SIBLINGS TO ASSURE SAFETY, as well as that of behaving appropriately in order to limit personal injury to myself or any child/children/or children whom I bring.

____ MILWAUKEE TURNERS GYMNASTICS RESERVES THE RIGHT TO DISCONTINUE MEMBERSHIP AND /OR ENROLLMENT TO ANY PARENT OR CHILD BASED ON BEHAVIOR WITHOUT A REFUND, as well as to remove any child or parent from class and ask them not to return.

____ THESE AGREEMENTS, WAIVERS, AND AUTHORIZATIONS WILL REMAIN IN EFFECT AND VALID WHENEVER MY CHILD, FAMILY MEMBER, OR I PARTICIPATE IN ANY ACTIVITY WITH MILWAUKEE TURNERS GYMNASTICS.

I hereby represent that I am the parent/legal guardian of the minor/minors stated above and by signing below I acknowledge reading and accepting the statements made above.

Parent/Legal Guardian Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Office Use Only				
Membership Type:				
Classes enrolled:				
Dates:				
Siblings Enrolled:				
Dates:				
Level Progression:				
Notes:				
Staff Member:				