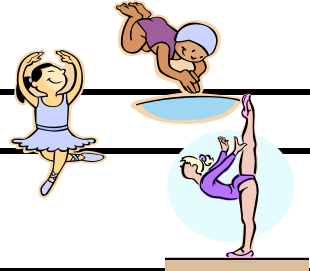




ALAMO ATHLETICS

NEW STUDENT REGISTRATION



DATE: _____

MOTHER: _____

FATHER: _____

ADDRESS: STREET: _____

CITY: _____ ZIP: _____

PHONE: _____ HOME/ CELL/ WORK

PHONE: _____ HOME/ CELL/ WORK

EMAIL: _____

ANNUAL MEMBERSHIP FEE:(WHEN DUE) $\$30 \times \# \text{ CHILDREN} =$ _____

SideKicks, Rising Stars, Cheer/Tumbling, Dance, Developmental, Swim

NAME OF STUDENT	SEX	BIRTHDATE	CLASS	DAY	TIME	PRICE	X # OF MONTHS	=
(10% OFF ORIGINAL VALUE)								
(10% OFF ORIGINAL VALUE)								
(10% OFF ORIGINAL VALUE)								
(10% OFF ORIGINAL VALUE)								
						SUB TOTAL		

Adult Fitness, Specialty Programs

NAME OF CLIENT	ACTIVITY	DATES ENROLLED	FEE
		SUB TOTAL	
		TOTAL	

SIGN HERE: _____
BY SIGNING HERE I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WAIVER, INCLUDING THE MAKE-UP POLICY AND THE REQUIREMENT TO GIVE 30 DAYS NOTICE WHEN DROPPING A CLASS

WAIVER and RELEASE and INDEMNITY

Alamo Gymnastics Center means Alamo Gymnastics Center LLC, as well as its divisions Alamo Gymnastics Center, Alamo Athletics and Alamo Fitness Center, and all their officers, director's employees, member's agents and others working with Alamo Gymnastics Center including other members and their parents.

The parent and child understand that the activities at Alamo Gymnastics Center by their very nature involve serious risk of bodily injury which could, in the extreme, include permanent disability, paralysis, and death.

The parent has cautioned the child to be observant of the child's surroundings, to pay attention to instructors and other adults in charge, and to be courteous and mindful of other members of the facility. The parents and the child believe that the

Having carefully considered the foregoing, the parent and child WAIVE AND RELEASE Alamo Gymnastics Center from all claims of any nature and from all injuries of any nature to the child, or to the parent(s), caused or alleged to be caused in whole or in part by any failure or negligence of Alamo Gymnastics Center.

Further, the parent and child agree not to sue Alamo Gymnastics Center of any matters that are released. Further, the parent and child INDEMNIFY AND HOLD HARMLESS Alamo Gymnastics Center from any loss or liability incurred as a result of any matter released.

This release does not include things that cannot by their nature be released such as gross negligence or willful misconduct, and Alamo Gymnastics Center is not asking for such release. The indemnity and hold harmless however includes any cost, including court cost or attorney's fees that Alamo Gymnastics Center may incur as to the matters that are indemnified.

Having carefully reviewed this release and waiver and indemnity, the parent and the child agree to the foregoing.

Make-up Policy- I acknowledge Alamo Gymnastics Center's NO-MAKE-UP POLICY

Refund Policy- No full refunds will be given. Upon official notification of dropping a class(es). A refund will be issued. A rate of \$15.00 for each class attended or scheduled plus a \$5.00 processing fee will be deducted from total tuition paid.

The annual membership fee of \$30.00 is not refundable.

As the legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by Alamo Gymnastics Center.

PARENT OR GUARDIAN _____

DATE _____

**ALAMO GYMNASTICS CENTER
MEDICAL AND EMERGENCY INFORMATION FORM**

CHILD'S NAME _____ DATE _____

DOCTOR _____ PH # _____

ALLERGIES _____

MEDICATION _____
INTOLERANCE TO _____
DRUGS _____

PLEASE LIST ANY PREVIOUS ILLNESS, CONDITION OR INJURY THE AGC STAFF OR COACHES SHOULD KNOW ABOUT

EMERGENCY NUMBERS:

1. NAME _____ PH# _____

2. NAME _____ PH# _____

3. NAME _____ PH# _____

IN THE EVENT OF AN ILLNESS OR INJURY DURING CUSTOMER'S ACTIVITIES AT ALAMO AN EMERGENCY CARE PROCEDURE WILL BE FOLLOWED:

- 1 IF THE EVENT IS JUDGED TO BE SEVERE, 911 WILL BE CALLED BY A COACH OR STAFF MEMBER
- 2 TRANSPORTATION TO AN EMERGENCY ROOM WILL BE AT THE DISCRETION OF THE EMT ON SITE
- 3 A COACH OR STAFF MEMBER WILL ATTEMPT TO CONTACT PARENT, SPOUSE OR GUARDIAN
- 4 IF NO ABOVE CONTACT IS REACHED THE THREE EMERGENCY NUMBERS WILL BE CALLED
- 5 IF NO ABOVE CONTACT IS REACHED THE PHYSICIAN WILL BE CALLED

AUTHORIZATION TO PICK CHILD UP

NAME OF INDIVIDUALS OTHER THAN PARENT AUTHORIZED TO PICK UP CHILD:

1. NAME _____ PH# _____

2. NAME _____ PH# _____

3. NAME _____ PH# _____

THE PERSONS LISTED ABOVE HAVE MY PERMISSION TO SIGN OUT MY CHILD FROM ALAMO. THEY WILL TAKE FULL RESPONSIBILITY FOR THE CARE AND SAFETY OF MY CHILD.

PARENT/ GUARDIAN _____ DATE _____

PARENT/ GUARDIAN _____ DATE _____