



A Place For Learning, Fitness and Fun!
www.allamericangymnastics.net

10449 Midwest Industrial Dr
Saint Louis, MO 63132

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Please return the registration form and payment to the address listed above or fax it to us at 314-426-1898!

Thank you and we look forward to seeing you in class soon.

All American Gymnastics

2008-2009 All American Gymnastics Registration & Release Form

STUDENT INFORMATION

Child's Name _____
 Sex _____ DOB _____ Age _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Alt Phone _____
 Parent's Name _____ Cell Phone _____
 Parent's Name _____ Cell Phone _____
 Family Email Address _____
 (AAG prefers to use email as a primary contact, please make sure to include your email)

EMERGENCY INFORMATION

Emergency Contact Person _____ Number _____
 Physician _____ Hospital _____
 Medical Conditions _____

CLASS INFORMATION

1st class choice _____

	CLASS	DAY		TIME
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2nd class choice _____

	CLASS	DAY		TIME
--	-------	-----	--	------

PAYMENT INFORMATION

Annual Fee _____ + **Tuition** _____ = **Total Enclosed** _____

Payment methods accepted: Cash, Credit (MC, VISA, DISC)- No personal checks!

Cardholder's Name _____
 Credit Card Number _____
 Exp Date _____ Sec Code _____ Signature _____

PLEASE AUTOMATIC BILL MY CREDIT CARD LISTED ABOVE FOR SESSION:

_____ 2 _____ 3 _____ 4 on the PSDD deadline. Cardholder's Initials _____

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement:

In consideration of participating in the activities held and/or run by All American Gymnastics, Inc., I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either know to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as result of my participation in the Activity. I hereby release, discharge, and covenant no to sue, All American Gymnastics, its Respective administrator, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agrees that if despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. **Parental Consent:** AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as result of any such claim. **Registration Information, Financial Responsibility, Permission for Medical Treatment:** I have read and understand the Registration Information sheet. I understand that tuition and the yearly registration fee is due in full prior to the start of gymnastic classes. I certify that the person participating is in good health. I hereby authorize simple first aid and consent to any x-rays, exams and medical or surgical diagnosis which are deemed necessary.

Printed Name of Parent or Legal Guardian or Participant (18 or over)

Signature Parent/or Legal Guardian or Participant (18 or over) Date

OFFICE USE ONLY:

PAY AMT _____ PAY DATE _____ STAFF _____
 ENTER IN COMP _____ PAY ENTERED _____