



**Class Registration Form**

*All parts must be completed and returned before your child attends class*

STUDENT INFORMATION (please print or type)

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Child's home phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Are there any medical conditions to which we should be alerted? \_\_\_\_\_

Is your child taking any medications? If so, list medications with reason for taking medications: \_\_\_\_\_

\_\_\_\_\_

Does your child have allergies (list): \_\_\_\_\_

Any allergies to medications (list): \_\_\_\_\_

.....  
Acknowledgment of Risk and Waiver of Liability:

As legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the Infinite Gymnastics. I recognize that potentially severe injuries, including permanent paralysis can occur in any activity involving skills of height and motion, including martial arts, dance, gymnastics and related activities including tumbling. I understand that it is the express intent of the School to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Infinite Gymnastics, its officers, employees, volunteers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of the Infinite Gymnastics or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while at, or performing for, the Infinite Gymnastics program.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Permission to treat option:

I hereby give my permission to Infinite Gymnastics staff members to provide temporary first aid to my child in the event of injury or illness and if deemed necessary to seek trained professionals to administer medical treatment to my child, should sickness or accident occur in my absence.

Photo Image Waiver:

I grant permission to Infinite Gymnastics to use photo or video images of my child as well as my child's name as part of Infinite Gymnastics public marketing campaigns, including print media, broadcast media and Andrews University Gymnastics web site.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Session: \_\_\_\_\_

How did you hear about our class?

Attended a party \_\_\_

Newspaper Ad \_\_\_

Phonebook \_\_\_

Mailing \_\_\_

Outside marquis \_\_\_

School Flyer \_\_\_

From a friend \_\_\_

Website \_\_\_

Infinite Gymnastics Andrews University, Berrien Springs, MI 49103  
[www.andrews.edu/gymnastics/infinite](http://www.andrews.edu/gymnastics/infinite)