



# GIRLS GYMNASSTICS TEAM REGISTRATION FORM

GUARDIANS				
PRIMARY- FIRST NAME	LAST NAME	RELATIONSHIP		
SECONDARY- FIRST NAME	LAST NAME	RELATIONSHIP		
PHONE NUMBERS				
			HOME	
MOM DAD OTHER _____				
PRIMARY PHONE NUMBER	CELL	TEXTING – YES OR NO		
MOM DAD OTHER _____				
SECONDARY PHONE NUMBER	CELL	TEXTING – YES OR NO		
TEXT MESSAGING DISCLAIMER				
<p style="font-size: small;">I UNDERSTAND THAT TEXT MESSAGING IS A FREE SERVICE PROVIDED BY REFLEX GYMNASSTICS/CHEER ACADEMY AND THAT ANY TEXT MESSAGES SENT ARE SUBJECT TO STANDARD TEXT MESSAGING RATES DETERMINED BY MY MOBILE PHONE CARRIER. REFLEX GYMNASSTICS/CHEER ACADEMY IS NOT RESPONSIBLE FOR TEXT MESSAGING CHARGES RECEIVED BY MY MOBILE CARRIER. I AM AWARE THAT STANDARD TEXT MESSAGING RATES MAY APPLY AND THAT TEXTING CHARGES CAN FLUCTUATE INTERNATIONALLY.</p>				
I AGREE TO RECEIVE TEXT MESSAGES	SIGN:	DATE:		
I AGREE TO RECEIVE TEXT MESSAGES	SIGN:	DATE:		
BILLING ADDRESS				
STREET	P.O. BOX/APT #	CITY	ZIP	
EMAIL ADDRESS				
PRIMARY MOM DAD OTHER _____	SECONDARY MOM DAD OTHER _____			
HOW DID YOU HEAR ABOUT US?				
AD/COUPON REFERRAL WEBSITE INTERNET SEARCH YELLOW PAGES OTHER _____				
STUDENT INFORMATION				
FIRST NAME	LAST NAME	FEMALE/MALE	BIRTHDATE	DISABILITIES/ALLERGIES
FIRST NAME	LAST NAME	FEMALE/MALE	BIRTHDATE	DISABILITIES/ALLERGIES
FIRST NAME	LAST NAME	FEMALE/MALE	BIRTHDATE	DISABILITIES/ALLERGIES

# REFLEX GYMNASTICS TERMS & CONDITIONS

## ACKNOWLEDGEMENT OF RISK

I/WE fully understand that gymnastics, cheerleading and tumbling involve motion and height... and that any physical activity, including gymnastics, tumbling and or cheerleading, that involves motion and or height can result in serious permanent injury and disability or death.

PERMISSION TO PARTICIPATE – with knowledge of the risk of possible injury, disability or death from participation in gymnastics, tumbling, and/or cheerleading. I/We the Parent(s)/Legal Guardian(s) of the person of the student(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
do hereby grant permission for the student to participate in gymnastics, tumbling, and/or cheerleading at REFLEX Gymnastics/Cheer Academy.

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY – I/We hereby assume all risks for the student's personal injury, including disability, and/or death, sustained by the student while participating in gymnastics, tumbling, and/or cheerleading at REFLEX Gymnastics/Cheer Academy, its officers, directors, supervisors, instructors, and employees of and from any and all liability any of them may have for any injury, including disability and/or death, sustained by the student without limit and without regard to the cause or causes thereof or the negligence of any party or parties.

CONSENT TO MEDICAL CARE – I/We do hereby authorize any adult officer, director, supervisor, instructor, or employee of REFLEX Gymnastics/Cheer Academy who has care and control of the student to consent to any medical treatment of the student when I/We cannot be contacted pursuant to 35.01 of the Texas Family Code which, in judgement of any prospective treating doctors, is immediately and medically necessary to treat any injury sustained by the student.

INSURANCE COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

IDEMNITY AND HOLD HARMLESS – I/We do hereby agree to indemnify REFLEX Gymnastics/Cheer Academy, its officer, directors, supervisors, instructors, and employees, and hold them harmless from any claims, demands, causes of action made against them or expenses they may incur in connection with any injury, including disability and/or death, sustained by the student or in connection with any medical care received by the student.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_