



**Azarian U.S. Gymnastics Training Center, Inc.**  
**Registration Form**

T/L Date \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Class Code \_\_\_\_\_

**General Information**

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Address \_\_\_\_\_ City, Zip Code \_\_\_\_\_

Home ( ) \_\_\_\_\_ Mom's Cell ( ) \_\_\_\_\_ Dad's Cell ( ) \_\_\_\_\_

Mom's Occupation \_\_\_\_\_ Business ( ) \_\_\_\_\_ Driver's License \_\_\_\_\_

Dad's Occupation \_\_\_\_\_ Business ( ) \_\_\_\_\_ Driver's License \_\_\_\_\_

Mom's Email \_\_\_\_\_ Dad's Email \_\_\_\_\_

1. Student's Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Student's Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Student's Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Bill to, if different from above Name \_\_\_\_\_ Address \_\_\_\_\_

Legal Guardian (if different from above) \_\_\_\_\_

Emergency contact, if parents can't be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical conditions or allergies to which we should be alerted \_\_\_\_\_

How did you hear about us? (If word of mouth, from whom?) \_\_\_\_\_

**PARENT AND ATHLETE / PARTICIPANT UNDERSTANDING**

I understand participation in tumbling, fitness and gymnastic athletics can be extremely valuable experience for young people. Azarian U.S. Gymnastics Training Center, Inc. makes every reasonable attempt to employ qualified coaches, supply athletes with proper equipment and facilities, and provide athletes with opportunities to develop and maintain physical fitness. However, athletes are exposed to moving objects, various surfaces, and other training and competitive conditions that can cause injury and / or death.

**ASSUMPTION OF RISK~WAIVER OF LIABILITY~MEDICAL AUTHORIZATION~PHOTO RELEASE**

I, as the athlete and/or parent, recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including, but not limited to gymnastics, physical fitness training, tumbling, dance, and cheerleading. Being fully aware of such risks of injury, I hereby agree and/or give consent for my child(ren) to participate in any and all Azarian U.S. Gymnastics Training Center, Inc. programs and activities and **I ACCEPT ALL RISKS** associated with this participation. In consideration for my or my child(ren)'s participation, I hereby, for myself or my child(ren) and our respective heirs and successors, **FOREVER RELEASE** Azarian U.S. Gymnastics Training Center, Inc., its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of my child(ren)'s participation in all activities including those resulting from acts of negligence.

In the event of an accident or emergency, I hereby give my consent and/or authorize my child(ren) to be transported to a hospital for medical treatment and I hold Azarian U.S. Gymnastics Training Center, Inc. and its representatives harmless in the execution of such transportation and treatment. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself and/or my child(ren) as a result of any injury sustained while in participation at or for Azarian U.S. Gymnastics Training Center, Inc.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child(ren)'s likeness to be used in Azarian U.S. Gymnastics Training Center publicity and advertisement.

I have read and understood this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and **PHOTO RELEASE** and I **VOLUNTARILY** affix my name in agreement below.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_