

# SEGA Gymnastics Registration Form

## Parent Information

Mother's Last Name

Mother's First Name

Dad's Last Name

Dad's First Name

Address

City

State

Zip Code

Email

## Phone List

Mom Cell

Dad Cell

Home

Emergency Contact Name and Number

## Child's Information

First Last DOB Age M/F

First Last DOB Age M/F

First Last DOB Age M/F

Do any of your Children...

- Yes / No Have a history of heart disease
- Yes / No Experience fainting spells or repeated dizziness
- Yes / No Have any muscle, joint, or back problems
- Yes / No Have any physical disabilities or taking any medication
- Yes / No Have any learning disabilities
- Yes / No Take medication for high blood pressure

If Yes to any of the above, please explain: \_\_\_\_\_

## Waiver

## Please Read and Sign

I fully understand that South East Gymnastics Academy (S.E.G.A.) Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the S.E.G.A. staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the S.E.G.A., staff to call our doctor and seek medical help, including transportation by a S.E.G.A. staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the S.E.G.A. staff deem this necessary. I hereby authorize South East Gymnastics Academy (S.E.G.A.) Inc. the use of any image of me and/or of my children for the sole purpose of promotion and/or advertisement for the business.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

We, the staff of S.E.G.A. recognize our obligation to make our students and their parents aware of the risk and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possible minor, serious, or catastrophic in nature. Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches instructions. S.E.G.A. Inc., its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by S.E.G.A. Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against S.E.G.A. and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. S.E.G.A. Inc. will only warn the child through "Safety Messages" and our teaching style and progressions. I understand and accept all responsibility for payment of the gymnastics classes. I also agree to pay any collection agency or attorney's fees associated with debt collection.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Class Day Time

Class Day Time

Class Day Time