

AcroSport Trial Class Form

Guardian's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

(Email addresses used for AcroSport purposes only)

<p>Student's Name # 1: _____ Gender: _____ Birth date: _____</p> <p>Disabilities: _____ Allergies: _____</p> <p>Medications: _____</p> <p>Class Name: _____ Day: _____ Time: _____</p>
--

<p>Student's Name # 2: _____ Gender: _____ Birth date: _____</p> <p>Disabilities: _____ Allergies: _____</p> <p>Medications: _____</p> <p>Class Name: _____ Day: _____ Time: _____</p>
--

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I am aware that participation in gymnastics involves risk to injury and I have voluntarily signed up for this activity. I understand and agree that AcroSport Gymnastics and all of their employees will not be liable for any injury, losses or damages occurred as a result of my child's and/or my participation now or in the future. My child does not have any physical conditions, which would prevent him or her from participating in gymnastics or tumbling. I am aware that all fees for gymnastics and/or tumbling are due at the time of registration and are non-refundable.

Parent/Guardian Signature: _____

Date: _____