

Back Handspring Clinic

Registration Form

_____	_____	_____
Student #1	Age	Current CGA Member's Class and Instructor
_____	_____	_____
Student #2	Age	Current CGA Member's Class and Instructor
_____	_____	_____
Emergency Contact	Relation	Emergency Phone

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

Circle: I have my Standing Back Handspring with out a spot **yes** **no**
 I have my standing, Back Handspring with a slight spot **yes** **no**

Ages: First grades and up

Cost: \$10.00 current class members, \$15.00 non-members (per date)
(Current Student Immediate Family Discount - \$5.00 off 2nd child)

MUST BE PAID IN ADVANCE. FEE IS NON-REFUNDABLE.

Payment Amount: _____ Date: _____ Form of Payment: _____

Date(s) attend:

Saturday, October 2nd 2:00 - 3:00pm

Acknowledgement of Risk and Waiver of Liability - Read Before Signing

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, cheerleading, and martial arts all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced yes, but never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., the Columbus Gymnastics Academy, Inc., Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child's engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

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 training at, for, or under the direction of Columbus Gymnastics Academy, Inc.

This acknowledgement 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's Signature

 Date