



Registration Form

Please Print Clearly!

Date: _____

Child's Last Name	Child's First Name	M/F	Age	Birthday
Primary Contact Name:		Primary Cell:		
Relationship to Child:				
Secondary Contact Name:		Secondary Cell:		
Relationship to Child:				
Address:		Home Phone:		
City & Zip:				
Primary Email:		**We email tuition reminders and various gym announcements. Please write the address(es) you would like us to use.**		
Secondary Email:				
How did you hear about us?				

Emergency Contact / Medical Information

Non-Parent Emergency Contact:	Phone:
Relationship to Child:	
<i>**NOTE: All students must have their own accident/health insurance.**</i>	
Health Insurance Company:	
List any pertinent medical conditions (allergies, illness, health problems, medication):	

****PLEASE READ AND SIGN THE BACK****

Office Use Only

Charges:

Student	Trial Date	Class	Day	Time	Coach	Reg.	Ins.	Tuition	Sub - Total
						\$40	\$35		
						N/A	\$35		
						N/A	\$35		

Amount Due: _____

Total Received: _____

Payment (Initial/Date): _____ Date Paid: _____ Method: _____ Received by: _____ Anniversary: _____

Payment Input in Computer: _____ Info in Computer: _____ Active: _____ Keyword: _____

WILDFIRE ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION

Please read carefully before signing.

I am the parent or legal guardian of _____, age _____, and I have the legal authority to enter this agreement on behalf of that child. I understand that Wildfire Gymnastics, Inc. (hereafter, "Wildfire") offers social, recreational and competitive activities, training, camps and other events to families, children and competitive athletes.

INHERENT RISKS

I understand that social, recreational and competitive activities, including but not limited to gymnastics at every level, whether introductory, recreational or competitive, and training in those activities, involves inherent risks of injury and in rare cases, death. Activities such as running, jumping, tumbling, trampoline, stretching, fitness activities, and the use of all manner of equipment and apparatus at the facilities of Wildfire and at other facilities that offer recreational, gymnastics, exercise, fitness and competitive activities, necessarily involve inherent risks of injury and death. I understand that travel to other facilities for competition or training also involves such risks.

Recognizing the above-described risks, I voluntarily agree to expressly assume all risks of injury or death that may result from participation by my child in all aspects of activities at and through Wildfire, including, but not limited to, activities that do not involve fitness or gymnastics. The risks assumed extend to both fitness-related, gymnastics-related and non-gymnastics activities, including, but not limited to, recreational and social activities, such as childcare, birthday parties, camping trips, and all other activities sponsored by or conducted by Wildfire.

RELEASE OF LIABILITY FOR NEGLIGENCE

I understand that by signing this agreement I am RELEASING Wildfire and RELEASEES (defined below) and WAIVING any right that I or my child or any legal representative of my child may have to bring a legal action for NEGLIGENCE against Wildfire and RELEASEES.

As consideration for my child's participation in the activities contemplated by this agreement, I AGREE TO RELEASE Wildfire and all related entities, and their officers, staff, coaches, employees, volunteers, attorneys, agents, representatives, affiliates, successors-in-interest, insurers and assigns, as well as other parents whose children are involved with Wildfire and their children (collectively "RELEASEES"), from all liability for injury, death, and property loss and damage that arises out of or results from my child's participation in the activities and events described above, whether or not such activities or events occur on the property of RELEASEES, including all liability which results from the NEGLIGENCE of Wildfire and RELEASEES or from the negligence of co-participants in such activities.

AUTHORIZATION OF MEDICAL TREATMENT

While Wildfire staff, employees and volunteers are not medical professionals, I authorize any representative of RELEASEES to administer first aid to my child, as they deem reasonably necessary, but I recognize that such representative is not obligated to administer first aid. I authorize medical and surgical care and transportation of the child listed above to a medical facility or hospital as such representative deems necessary for my child's well-being, at my expense.

BINDING EFFECT

This entire agreement is binding upon me, my child's parents and legal guardians, and upon my child, as well as upon my child's heirs, executors, administrators, and assigns. I acknowledge that this agreement is entered into in Orange County and is governed by the laws of the State of California. Venue for any legal action under this agreement is otherwise only allowed in Orange County, California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in full force and effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION. ON BEHALF OF MYSELF AND MY CHILD, WE AGREE TO COMPLY WITH THE POLICIES AND GUIDELINES OF WILDFIRE GYMNASTICS, INC., AS A CONDITION OF PARTICIPATING IN ACTIVITIES SPONSORED BY WILDFIRE.

Signature of parent or legal guardian: _____

Date: _____

Print Name: _____ Driver's License No.: _____