



### Gymnastics/Dance/Cheer/Tumbling Registration

Before participation in any activity, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Participant Name \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant Name \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant Name \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Legal guardian(s)' name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Emergency: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are there any medical conditions of which we should be aware? Check one: \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

Has the participant had a physical examination in the last three years? Check one: \_\_\_ Yes \_\_\_ No

Head Over Heels, LLC recommends that every student complete an annual physical examination.

Physician name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**In case of emergency:**

I authorize Head Over Heels, LLC to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation or services as a result of injury or damage related to participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

Participant's medications: \_\_\_\_\_

Participant's allergies: \_\_\_\_\_

Primary medical insurance carrier/policy#: \_\_\_\_\_

May we use the gymnast's photo on our website or in advertisements? No names will be disclosed: Check one: \_\_\_ Yes \_\_\_ No

Gymnast: \_\_\_\_\_ Date: \_\_\_\_\_

If gymnast is not yet 18 years old, at least one parent or legal guardian of such person also must sign: We certify that the information provided above is correct.

\_\_\_\_\_  
*Printed name of parent/guardian*                      *Signature of parent/guardian*                      *Date*

\_\_\_\_\_  
*Printed name of parent/guardian*                      *Signature of parent/guardian*                      *Date*

**LIABILITY RELEASE AND INDEMNIFICATION:** Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of participant \_\_\_\_\_ (the "gymnast") DOB \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_

Other parent/guardian name (print): \_\_\_\_\_

In consideration of Head Over Heels, LLC allowing the gymnast to participate in sports activity, gymnastics, tumbling, acrobatics, dance or cheerleading (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

**(1) Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the gymnast's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost and damages that may result from the Activity. I hereby give my approval of and consent to the gymnast's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.

**(2) Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.

**(3) Release.** I hereby release, acquit, covenant not to sue, and forever discharge Head Over Heels, LLC, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast's participation in the Activity and the transportation of the above named gymnast to and from the Activity (collectively the "Released Claims").

**(4) Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

**I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE AND INDEMNIFICATION. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
*Gymnast* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Other Parent/Guardian* \_\_\_\_\_ *Date*