



ARIZONA OLYMPIAN GYMNASTICS, LLC
22608 South Gilbert Road * Chandler, AZ 85249
480-802-8559 www.azolympiangymnastics.com

FOR OFFICE USE
Trial Date: _____
Trial Class: _____
Trial Class: _____
Paid: _____
OK to File: _____

REGISTRATION FORM
(Please Print Clearly)

RESPONSIBLE PARTY (*Billing Contact*) _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STUDENT(S)' NAME(S) 1. _____ MALE
 FEMALE AGE _____ BIRTHDAY ____-____-____

Allergies, previous injuries, or medical conditions: _____

2. _____ MALE
 FEMALE AGE _____ BIRTHDAY ____-____-____

Allergies, previous injuries, or medical conditions: _____

STUDENT(S) LIVE(S) WITH: ___ BOTH PARENTS; ___ MOTHER; ___ FATHER; ___ OTHER: specify _____

HOME PHONE () _____ MSG/PGR/CELL () _____ E-MAIL: _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAJOR CROSS ROADS _____ SCHOOL(S) NAMES(S): _____

MOTHER'S NAME _____ WORK PHONE: _____ OCCUPATION: _____

FATHER'S NAME _____ WORK PHONE: _____ OCCUPATION: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____ PHONE () _____

FAMILY DOCTOR: _____ PHONE () _____

- | | | |
|---------------------------------------|-------------------------------------|------------------------------------|
| 1. Membership enrollment & attendance | 2. Payment & refund policies | 3. Registration |
| 4. Child-care & viewing policies | 5. Class-change (add/drop) policies | 6. Advancements |
| 7. Make-up lessons & Private lessons | 8. Gym rules & acknowledgement form | 9. Publicity policy & consent form |
| 10. Dress code & student conduct | 11. Booster Club Membership | 12. Medical release form |
| 13. Calendar | 14. Waiver & release of liability | 15. Trial classes |

SIGNATURES:

By signing below, the student(s), and parent(s) and /or legal guardian acknowledge that they have received a copy of the *Arizona Olympian Policy Booklet for personal reference*, and understand the foregoing information concerning participating in our programs, including our **no refund policy**, gymnastics activities and instruction at Arizona Olympian Gymnastics, LLC, and agree to these policies and terms as a condition of membership enrollment.

Dated _____

Signature of Parent/Legal Guardian _____
Or Student (*if over 18 years old*)

Printed Name _____



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SURVEY:

Do you own your own business? yes no

If "yes", what sort of business? _____

How did you find out about us?

- Was a previous or existing student
- Driving by our facility
- Yellow pages
- Web site
- Exhibition (where? _____)
- Newspaper (which one? _____)
- School (name? _____)
- Coupon (which one? _____)
- Flyer (what area? _____)
- Referral (by who? _____)
- Gym-hosted birthday party (whose? _____)

Thank you for participating in our survey!

PUBLICITY CONSENT for Arizona Olympian Gymnastics, LLC

The member consents to the use, by the Arizona Olympian Gymnastics LLC program, or anyone it authorizes [in connection with or for AZOG] , of any and all photographs, tapes, or other representations, and any reproductions thereof for the purpose of promotion (including sale, publication, display and exhibition) without compensation. Member also consents to the use of the member's name in connection with any such materials. The member agrees that such materials and negatives shall constitute Arizona Olympian Gymnastics LLC property, with full right of distribution for the good of AZOG.

1.
2.
_____/_____
Member's signature/date (if over 18)

1.
2.

member' (s) printed name(s)

I, the undersigned, represent that I am the parent or legal guardian of the above-named member(s), who is/are under the age of 18. I hereby execute this Agreement both for myself and on the member's behalf.

_____/_____
Signature of parent or legal guardian/date

printed name



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EMERGENCY INFORMATION (required)

STUDENT'S NAME, AGE, DOB, BLOOD TYPE

ADDRESS, CITY, ZIP CODE, HOME PHONE

IMPORTANT MEDICAL INFO. (allergies, including medicines; medical conditions/disorders; previous injuries)

1.
2.

PHYSICIAN/PHONE#, INSURANCE CO.

EMERGENCY CONTACTS:

(primary's name/relationship), WORK #, CELL/PAGER:

(secondary name/relationship), WORK#, CELL/PAGER:

MEDICAL RELEASE

for Arizona Olympian Gymnastics LLC (required)

Should my child(ren) and/or I become ill or injured while participating in an authorized gymnastics activity:

(1) I give permission for Arizona Olympian Gymnastics LLC staff members to render first-aid treatment AND/OR emergency care to my child(ren) while in attendance at Arizona Olympian Gymnastics, LLC.

(2) I hereby grant any administrative director, staff person, agent or employee of Arizona Olympian Gymnastics LLC, the authority to obtain the emergency and/or medical attention they may deem necessary. I further authorize the above designated to execute that consent required in connection with such advice, care, or treatment of my child. I hereby release said persons from and agree to indemnify them against any liability, including financial expenses, arising out of the exercise of the authority hereby granted.

Signature of student if over 18/date

printed name

Signature of parent or legal guardian/date

printed name



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WAIVER AND RELEASE OF LIABILITY (required for participation)

In consideration of accepting this/these student(s) and/or myself as a member(s) of Arizona Olympian Gymnastics, LLC, **I hereby release and covenant not-to-sue** Arizona Olympian Gymnastics, LLC, it's officers and/or owners, and any of their employees, staff members, contractors, landlords, or agents, the Arizona Olympian Booster Club Association and/or its members and/or officers, **from any and all present and future claims resulting from ordinary negligence on the part of Arizona Olympian Gymnastics, LLC or others listed** for property damage, personal injury, or wrongful death, arising as a result of engaging or receiving instruction in gymnastics, tumbling, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, estate, heirs, agents, representatives, or assigns .

Further, I understand that gymnastics, tumbling, and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that mats, pits, and other safety equipment and apparatus provided for protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. I am voluntarily allowing my child(ren) and/or myself to participate in this activity with knowledge of the risks involved and hereby agree to accept full responsibility as well as any and all inherent risks of property damage, personal injury, or death.

I understand, that as an ADULT PARTICIPANT, I participate at MY OWN RISK fully knowing that I will not be covered under any insurances held by the above listed entities. **In so doing, I release and waive Az Olympian Gymnastics, LLC and the above listed entities of ANY liability connected with my participation.**

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Arizona and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Arizona.

I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Arizona Olympian Gymnastics LLC or any person/entity listed above.

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Guardian

Athlete's Signature (if over 18 years of age) _____

Date

Athletes' printed name(s) 1. _____

2. _____