

**Integrity Gymnastics & Cheerleading  
Registration Form**

\_\_\_\_\_ Open Gym  
\_\_\_\_\_ Birthday Party  
\_\_\_\_\_ Program

Student's Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

RELEASE AGREEMENT: The coaches and instructors of the Integrity Gymnastics & Cheerleading program are safety conscious and follow safety procedures as prescribed by USA Gymnastics. I (parent/guardian) understand that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and martial arts, and I intending to be legally bound, waive and release Integrity Gymnastics & Cheerleading, its officers, directors, shareholders, employees, contractors and volunteers of any and all responsibility for any injury or illness. In the event of an injury, every effort will be made to contact parents or guardians. If necessary, I authorize the staff of Integrity Gymnastics & Cheerleading to administer any minor first aid and/or authorize medical treatment. The above named student has had a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics, tumbling, trampoline, dance, cheerleading and martial arts. This agreement extends to my heirs or executors who may not act on my behalf.

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

In case of Emergency and a Parent/Guardian cannot be reached, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_