

The Little Gym of Colorado Springs

Registration/Waiver

Parent Information

Name _____
Address _____
City _____ State _____ Zip _____
e-Mail _____

Membership Date

Home _____
Work _____
Other _____

Emergency Instructions _____

Child Information

First _____ Last _____ Birthday _____ Age _____ Gender _____

Acknowledgement of Risk and Waiver of Liability

I understand that there may be some risk of injury associated with participation in gymnastics; and I agree to waive any and all claims of liability, release and hold harmless The Little Gym International, Inc. and its franchisees in the event that such an injury may occur to my child.

_____/_____/_____
Parent or Legal Guardian signature Date

Authorization to Seek Medical Attention

In the event of accident or injury, when parent, legal guardian or emergency contact are not available, I give my permission to the Little Gym to procure medical attention.

_____/_____/_____
Parent or Legal Guardian signature Date