



CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MOTHER'S FIRST AND LAST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ PARENT'S WORK (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S FIRST AND LAST NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ PARENT'S WORK (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_ **IN CASE OF AN EMERGENCY** \_\_\_\_\_

ANY PHYSICAL PROBLEMS THAT WE SHOULD BE AWARE OF:

\_\_\_\_\_

ANY ALLERGIES: \_\_\_\_\_

**PERMISSION TO ADMINISTER over-the-counter MEDICATIONS: (TO BE ADMINISTERED BY COACH)**  
**(Initial) (For a belly ache, headache, etc)**

TYPE OF INSURANCE: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_

**IN CASE OF EMERGENCY, AND PARENT CANNOT BE CONTACTED, CALL:**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

USA GYMNASTICS  
CAPITAL CITY GYMNASTICS, INC.  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In Consideration of membership in USA Gymnastics and Capital City Gymnastics, and being allowed to participate in USA Gymnastics events and/or member club activities, each participant named below agrees as follows:

1. The participant is instructed that prior to participating in any USA Gymnastics event and/or member club activity and regularly thereafter, that he or she would inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall carefully review and follow all USA Gymnastics Safety Guidelines.
3. Fully understands and acknowledges that (a) There are risks and dangers associated with participation in gymnastics activities and events, including but not limited to those of bodily injury, partial and/or total disability, paralysis and death; (b) The social and economic losses and/or damages, which could result from those risks and dangers could be severe; (c) These risks and dangers may be caused by the negligence of participant or the negligence of others, including but not limited to the "Release's" named above; (d) There may be other risks not known to us or are not reasonably foreseeable at the time.
4. Accepts and assumes such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of "Release's" named above.
5. HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE USA Gymnastics, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and lessees of the premises used to conduct the event and each of them, their efforts, directors, agents and employees, all of which are referred to as "Release's" from all liability to the undersigned, my/our personal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any bodily injury, including but not limited to death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Release's" or otherwise.
6. PAYMENT TERMS AND GUARANTY. In registering for enrollment in Capital City Gymnastics, Inc, the undersigned agrees that payment for classes, equipment, and other related fees shall be made in advance and shall be considered past due if not paid by the end of 6<sup>th</sup> day of each month. The undersigned hereby warrants and guarantees payment of all fees due Capital City Gymnastics, Inc, and understands that should they fail to pay same they are liable for all cost associated collection of said fees, including a reasonable Attorney's fee.
7. It is agreed that the Waiver and Release Agreement covers each and every activity sponsored by USA Gymnastics and/or its member club and the "Release's" are released as to each and every activity and event.

\_\_\_\_\_ I understand that payment is due the Friday before each summer camp week. If payment is not received on Monday before drop off it may result in my child not being registered for that week.

The undersigned has read the above waiver and release, understands that he/she has given up substantial rights by signing it, and signs it voluntarily.

Participant's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Parents Printed Name

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date



### *Photo Release Form*

*We are so proud of our Capital City Gymnastics athletes. We are constantly taking pictures of what we do on a daily basis plus the extra activities (parties, special guests, etc.) We will not post any names of our gymnast but CCG and our coaching staff would like to post what child(ren) are learning in our gym, in flyers / brochures, on our website, on our personal and gym social media sites as part of a group or individually.*

*We respect the different levels of comfort that parents have regarding posting their child's picture online.*

*Please print and fill out the form below and return it to your child's coach as soon as possible.*

*Thank you!*

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*I, \_\_\_\_\_ (parent or guardian) of \_\_\_\_\_  
give the following permission to my child's coach or other members of Capital City  
Gymnastics regarding the posting of my child's photograph/video.*

*\_\_\_\_\_ You may post my child's picture/video in our gym, in flyers / brochures, on our  
website, on our personal and gym social media sites as part of a group or individually.*

*\_\_\_\_\_ Do Not post any pictures/videos of my child, as part of a group or individually. His  
or her face must be blurred out of any group photos.*

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*Parent or Guardian Signature*

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*Date*