



STUDENT INFORMATION

Student Name: _____ Sex: **F / M** Birth Date: _____
 Home Address: _____ City: _____ State: ___ Zip Code: _____
 School Name: _____ City: _____ Grade: _____

FAMILY CONTACT #1 INFORMATION

Name: _____ Relationship: (please circle) Mother / Father / Legal Guardian / Other: _____
 Cell #: _____ Work #: _____
 Email: _____ (emails are kept confidential)

FAMILY CONTACT # 2 INFORMATION

Name: _____ Relationship: (please circle) Mother / Father / Legal Guardian / Other: _____
 Cell #: _____ Work #: _____
 Email: _____ (emails are kept confidential)

EMERGENCY CONTACT (DIFFERENT THAN CONTACT #1 OR #2)

Emergency Contact Name: _____ Relationship: _____
 Emergency Contact Phone #: _____

CLASS INFORMATION

1st Class Name: _____ Day: M T W R F Sat Sun Time: _____ Tuition: _____
 2nd Class Name: _____ Day: M T W R F Sat Sun Time: _____ Tuition: _____
 3rd Class Name: _____ Day: M T W R F Sat Sun Time: _____ Tuition: _____

MEDICAL HISTORY & PHYSICIAN INFORMATION

Medical conditions or allergies to which we should be alerted _____
 Current Medications: _____
 Chronic Allergies: _____
 Disabilities: Learning: _____ Vision: _____
 Hearing: _____ Other: _____
 Major Illness, Surgery, or Other Injury: _____
 Preferred Physician: _____ Phone: _____
 Preferred Dentist: _____ Phone: _____
 Medical Insurance: _____

PAYMENT AGREEMENT

There are **NO refunds** for withdrawing from or missing a class. Once registered, my child is in the class for the entire session, regardless of attendance. All registration fees are non-refundable and non-transferable.

I, the undersigned, hereby agree to the above payment terms.

 Signature of Parent OR Legal Guardian

 Date

*****OFFICE USE ONLY*****

Annual Registration Fee\$39.00 Per Family.....\$ _____
 Session Tuition(**OFFICE ONLY: Weeks Prorated:** _____)+\$ _____
 Less 10% Discount for 2nd or 3rd Additional Class....(1st Class Full Price).....- \$ _____
 Less 10% Discount for 2nd, 3rd or 4th family member's tuition.....- \$ _____
 TOTAL TUITION / REGISTRATION PAYMENT....Cash Check Credit Card \$ _____

Date: ____ / ____ / ____ Staff Initial: _____ Credit Card: Disc MC Visa Approval #: _____

Cash Receipt #: _____ Check #: _____

CONSENT TO TREAT

In the event of an emergency, and parents or guardians cannot be contacted, I hereby give my consent for the administration of treatment deemed necessary by the attending physician. This authorization does not include major surgery unless the informed medical opinion of the consulting physician indicates immediate medical intervention is necessary.

WAIVER AND RELEASE OF LIABILITY

Disclaimer: Palmer Sports, Inc. is not responsible for any injury or loss of property, to any person while participating, taking class, competing, participating in open gym, birthday parties, or in any other way involved with gymnastics, dance, tumbling, cheerleading, preschool classes or teams at Palmer Sports, Inc. for any reason whatsoever, including ordinary negligence on the part of Palmer Sports, Inc., its owners, officers, agents, or employees.

As legal guardian of _____, I am aware that gymnastics, dance, and tumbling, are vigorous sporting activities
(child's name)

involving height and rotation in an unique environment and as such they pose a risk of injury. I understand that gymnastics, dance, tumbling, cheerleading, 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 the mats, pits, spotting rigs, and other safety equipment and apparatus provided for my 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. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, dance, tumbling, cheerleading, and related activities involves activities incidental to active participation in gymnastics, dance, and tumbling, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I voluntarily consent to the aforementioned person participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

In consideration for allowing my child (or aforementioned person) to use these facilities, I on my behalf and the behalf of my child (or aforementioned person), hereby release and covenant not-to-sue Palmer Sports, Inc., and any of their owners, officers, employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Palmer Sports, Inc. or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, dance, tumbling, cheerleading, 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, or assigns.

I further agree to indemnify and hold harmless Palmer Sports, Inc. and all others listed for any and all claims arising as a result of my child engaging in or receiving instruction in Palmer Sports, Inc. activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Illinois 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 Illinois.

USE OF PHOTOGRAPHIC IMAGES

I agree that any photography or video taken while participating in a class, special event or use of the facility may be used for promotional purposes for Palmer Sports, Inc.

I affirm that I am of legal age and am freely signing this agreement. 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 or my child for the ordinary negligence of Palmer Sports, Inc., or any person listed above.

(Signature of Parent or Legal Guardian or Participant if Over 18)

Date