



**Registration and Release Form  
For  
Albuquerque Gymnastics School  
293-9570**

www.agsgymnastics.com

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Mother: \_\_\_\_\_ Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bill to (Other than Above) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any special health related problems that your child may have that our staff should know about

Allergies: \_\_\_\_\_ Is on Medication: \_\_\_\_\_ What Type: \_\_\_\_\_

Learning Problems or Handicaps: \_\_\_\_\_

Past Injuries and Dates: \_\_\_\_\_

Do you give an adult staff member of A.G.S. permission to transport and authorize emergency medical treatment for your child if you are unable to be reached? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

If yes, what is your hospital preference? \_\_\_\_\_

If you intend to have your child participate, please note that all tuition fees are due on or before the 10<sup>th</sup> of each month. All new students must pay the same day they register. A yearly non-refundable \$36.00 registration fee is due per family starting with the first tuition payment. Also please notify the secretary before withdrawal, otherwise you be held responsible for payments. Since we do reserve your child's spot in our class program, please call the secretary if you are discontinuing lessons. There will be a \$15.00 fee charged for all late payments, and a \$5.00 fee charged for all returned checks.

The Albuquerque Gymnastics School does not carry medical insurance for your child. We are assuming that you as a parent already have medical insurance for your child. There are risks involved when enrolling your child for sports activities, and you as parents must understand the physical and financial risks that are inherent within the realm of the gymnastics activities offered at this school.

**Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in gymnastics.** I further agree that the Albuquerque Gymnastics School, along with the employees, officers and directors of this organization shall not be liable for any losses or damages occurring as a result of our participation in the sport.

Please sign if you have read, understand and appreciate the statements regarding your assumption of risk. Thank you for your cooperation!

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_