

Last Name: _____ Date: ____/____/____

Registration/Waiver Form
BHH, LLC. Dba Classic Gymnastics

Student Information: (please print)

Child 1 Last Name _____ First Name _____ Gender: ____ Age: ____ DOB: ____/____/____

Child 2 Last Name _____ First Name _____ Gender: ____ Age: ____ DOB: ____/____/____

Child 3 Last Name _____ First Name _____ Gender: ____ Age: ____ DOB: ____/____/____

Child 4 Last Name _____ First Name _____ Gender: ____ Age: ____ DOB: ____/____/____

Parent Information: (please print)

Mother: Last Name _____ First Name _____ Tel: _____ Cell: _____

Father: Last Name _____ First Name _____ Tel: _____ Cell: _____

Address: _____ City: _____ Zip _____

Email Address: _____

***Allergies, medications, or any other medical/physical conditions that we should know about:** _____

***Emergency Contact Name:** _____ **Phone:** _____

*****Signature required below*****

Acknowledgment of Risk/Waiver of Liability Please read, sign and bring waiver to birthday party. Children without waiver signed will not be able to participate.

My/Our child/children has/have no physical conditions that would limit his or her participation in athletic activities. I/We hereby give permission for my/our child/children to participate in activities at BHH, LLC, dba Classic Gymnastics, and to work on all of the necessary equipment. I/We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the BHH, LLC, dba Classic Gymnastics, staff has my/our permission to use their judgment with regard to treatment until I/we can be contacted. Moreover, I/we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, I/we understand that my/our child/children will be transported to the nearest hospital OR **(preferred hospital):** _____ by the local emergency resource if rescue squad deems necessary. I/We understand that I/we will be responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parents' behalf. *Warning.... Catastrophic injury, paralysis, or death can result from improper conduct of this activity.*

Signature of Parent/Guardian _____ Date _____

Photo Waiver/Release

Occasionally BHH, LLC, dba classic Gymnastics, will take photos for advertising or informational purposes. I/We hereby give BHH, LLC, dba Classic Gymnastics, permission to use my child's/children's photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I/We understand I/We are entitled to no compensation. I/We release the photographer all forms of claims and liability related to my photo usage.

(This Policy Subject To Change Without Notice)

Signature of Parent/Guardian _____ Date _____