

CASCADE ELITE WEST GYMNASTICS REGISTRATION FORM & WAIVER

ATHLETE INFORMATION

First _____ Last _____
DOB _____ Age _____ Gender: M F
Allergies _____ Medical Condition _____

GUARDIAN INFORMATION

First _____ Last _____ Relation _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____
Emergency Contact _____ Phone _____

GUARDIAN INFORMATION

First _____ Last _____ Relation _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____
Emergency Contact _____ Phone _____

OFFICE ONLY

Date _____ Coach _____
Class _____ Class Time _____

PAYMENT INFORMATION

You have the option to make payments as follows:

1. Sign up for auto pay with your choice of the 1st.
2. Pay online using the ICP parent portal.
3. Pay in person using AMEX/DISCOVER/MASTERCARD/VISA or cash.
4. Pay in person using a check. Please make sure your checks are payable to CEGW and please note the athlete's name in the memo portion of your check.

I've read the above and agree. Please initial. _____

MEMBERSHIP AGREEMENT & PAYMENT POLICY

I agree to pay membership before the 15th of each month. I understand if it is not paid, CASCADE ELITE GYMNASTICS WEST will not allow my child to participate in class. I further understand that if membership is not paid after the second class of the month, my child will be tagged inactive, will be unenrolled, and children on the waiting list will be contacted. I understand that CASCADE ELITE GYMNASTICS WEST will email a reminder that membership is due on the first of each month. I understand that my child is continuously enrolled in class and will incur monthly membership charges on my account until I inform the business office of un-enrollment. I understand I am responsible for all charges on my account until I un-enroll.

I've read the above and agree. Please initial. _____

RELEASE OF LIABILITY

I confirm that my child has no restrictions on athletic activities. I understand that participation in gymnastics, cheerleading and parkour are inherently dangerous, because the activities involve motion, rotation, and height in a unique environment and as such, carries with it a reasonable assumption of risk. Catastrophic injury, paralysis, or even death can result from improper conduct and landings on the head or neck. I agree, that except in cases of negligence, CASCADE ELITE GYMNASTICS WEST, its employees, agents, or officers, shall not be liable for any injuries, illnesses, damages, or losses sustained by me or my child at or en route to CASCADE ELITE GYMNASTICS WEST.

I've read the above and agree. Please initial. _____

MEDICAL EMERGENCIES

I fully understand that the staff of CASCADE ELITE GYMNASTICS WEST are not physicians or medical practitioners of any kind. With that in mind, I hereby release CASCADE ELITE GYMNASTICS WEST to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with CASCADE ELITE GYMNASTICS WEST. Does your child have any medical conditions (mental or physical) or medications we should be aware of, including but not limited to; breathing problems, seizures, allergies, Downs Syndrome, dizzy spells, previous neck or spine injuries or conditions, broken bones, high blood pressure, diabetes, autism, epilepsy, heart conditions etc.?

UPON REQUEST ANY OF THE ABOVE CONDITIONS MAY REQUIRE A DOCTOR'S RELEASE claiming your child is fit to take "GYMNASTICS", "DANCE", "CHEER", and/or "PARKOUR".

I've read the above and agree. Please initial. _____

AUDIO AND IMAGE CONSENT

I grant CASCADE ELITE GYMNASTICS WEST, its representatives and employees, the right to take photographs of all participants in connection with the above identified subject. I authorize CASCADE ELITE GYMNASTICS WEST, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that CASCADE ELITE GYMNASTICS WEST may use such photographs of participants for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I've read the above and agree. Please initial. _____

PARENT/GUARDIAN PARTICIPATION

I acknowledge that by participation in gym activities and/or by moving around the gym with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors for whom I am responsible for incur any injury. By waiving the option to sue, I also thereby release CASCADE ELITE GYMNASTICS WEST and its agents, employees, coaches, helpers, or assistants from liability for such injury.

I've read the above and agree. Please initial. _____

Non-Applicable. Please initial _____

Signature if not the Parent/Guardian signing below _____

TARDY POLICY

I fully understand to aid in the prevention of injury my child must participate in the class warm-up. Therefore, it is my responsibility to get my child to class on time. If my child is 15 minutes or later to class I understand CASCADE ELITE GYMNASTICS WEST will NOT allow my child to participate in class.

I've read the above and agree. Please initial. _____

Signature of Parent/Guardian _____

Date _____

