

**1** Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Last Name: \_\_\_\_\_

	Student name(s)	age	Date of birth	Sex	Medical alerts
1				M / F	
2				M / F	
3				M / F	

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

Email: \_\_\_\_\_ How did you learn about GAGE Center? \_\_\_\_\_

Has anyone in your family previously been enrolled at GAGE Center? Yes No If yes, approximate date/year \_\_\_\_\_

Photos may be taken of class participants. Is GAGE Center free to use such photos in marketing publications without compensation to you? Yes No

**2 Acknowledgment of Risk, Waiver of Liability, Medical Authorization**

AS LEGAL GUARDIAN OF \_\_\_\_\_, I RECOGNIZE THAT POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN SPORTS ACTIVITIES INVOLVING HEIGHT OR MOTION, INCLUDING BUT NO LIMITED TO GYMNASTICS, TUMBLING, TRAMPOLINE, DANCE, CHEERLEADING AND SWIMMING. IN ADDITION, SWIMMING OR ANY ACTIVITY IN OR AROUND WATER CAN RESULT IN DROWNING. BEING FULLY AWARE OF THESE DANGERS, I VOLUNTARILY CONSENT TO THE AFOREMENTIONED PERSON PARTICIPATING IN ANY AND ALL GAGE CENTER. PROGRAMS AND ACTIVITIES AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THIS FACILITY, I, ON MY OWN BEHALF AND BEHALF OF MY CHILD AND OUR RESPECTIVE HEIRS ADMINISTRATORS, EXECUTORS AND SUCCESSORS, HEREBY FOREVER RELEASE AND COVENANT NOT TO SUE THE GAGE CENTER, DIRECTORS, EMPLOYEES, VOLUNTEERS AND ALL OTHER ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD WHILE UNDER THE INSTRUCTION, SUPERVISION, OR CONTROL OF THE GAGE CENTER.

IN THE EVENT OF AN EMERGENCY, I WOULD LIKE MY ABOVE MENTIONED CHILD TO BE TAKEN TO A HOSPITAL FOR MEDICAL TREATMENT AND I HOLD THE GAGE CENTER AND IT'S REPRESENTATIVES HARMLESS IN THEIR EXECUTION OF THIS ACTION. ADDITIONALLY, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD AS A RESULT OF ANY INJURY, SUSTAINED WHILE PARTICIPATING AT OR FOR THE GAGE CENTER.

I HAVE READ AND UNDERSTAND THIS **ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION**. I **VOLUNTARILY** AFFIX MY NAME IN AGREEMENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE**3 Family Information**

Mother's Name (first &amp; Last) \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Place of Business \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name (first &amp; Last) \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Place of Business \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Information: \_\_\_\_\_  
Name Relationship Phone

Primary Insurance Carrier \_\_\_\_\_

**4 Billing Information**Person responsible for payment : \_\_\_\_\_  
Name Relationship PhoneBilling Address (if different from above) \_\_\_\_\_  
Address City State Zip

Would you like to participate in our automatic payment program using Visa, MasterCard, or Discover? Yes / NO (if yes, complete authorization card)

**I HAVE READ AND UNDERSTAND THE REGISTRATION HANDBOOK.** \_\_\_\_\_ (initial)

