



REGISTRATION FORM

Trial classes: complete sections 1 & 2
New Student Enrollment: complete sections 1 - 4

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, LLC. 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, LLC.

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, LLC 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, LLC.

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 & Last) _____ Contact Phone # _____ Place of Business _____ Phone _____

Father's Name (first & Last) _____ Contact Phone # _____ Place of Business _____ Phone _____

Emergency Information: _____
Name _____ Relationship _____ Phone _____

Primary Insurance Carrier _____

4 Billing Information

Person responsible for payment : _____
Name _____ Relationship _____ Phone _____

Billing 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)

