

Energym Sports Campus
Family Registration Form

Personal Information

Mom Name _____ Cell Phone _____ Home Phone _____

Dad Name _____ Cell Phone _____ Home Phone _____

Address _____ City _____ Zip _____

Email Address _____

Emergency Phone _____ Emergency Contact _____

How did you learn about Energym? (If word of mouth, from whom?) _____

Student Information

Student Name _____ B-Day _____ Age/Grade _____

Medical Concerns _____ M / F _____

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Student Name _____ B-Day _____ Age/Grade _____

Medical Concerns _____ M / F _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

I acknowledge that there are certain risks of physical injury to participants in sports or activities involving height or motion, including but not limited to dance, gymnastics, tumbling, trampoline, and giant blow-up inflatable's. I agree to assume full risk of any such injuries, damages or losses and relinquish all claims I or my child/ward may have against Energym Gymnastics, Inc., and its officers, agents, servants and employees as a result of participating in any of the program's.

Photo Usage: I am aware that individual and group photos and videos are taken and I permit Energym Gymnastics, Inc. to use images of my child in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Energym Gymnastics, Inc. website. I also permit Energym Gymnastics, Inc. to use images of my child in broadcast and print media news coverage of Energym Gymnastics, Inc.

In the event of an emergency I would like the above mentioned child to be taken to a hospital for medical treatment and I hold Energym Gymnastics, Inc. and its representatives harmless in their execution of this action.

*I have carefully read and understand the **Acknowledgement of Risk and Waiver of Liability and Medical Authorization** and understand that my signature is required below in order for my child/ward to participate in Energym Gymnastics, Inc. programs. I have also read the registration handbook.*

Signature _____ Date _____

