

ARIZONA DESERT STAR GYMNASTICS
602-758-2520 Maricopa ,Arizona 85239

Responsible Party _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Student(s)' Name(s)1. _____ Age _____ Birthday _____

Allergies, illness or medical conditions _____

2.. _____ Age _____ Birthday _____

Allergies, illness or medical conditions _____

Student(s)Live(s) with _____ Both parents; _____ Mother; _____ Father; _____ Other; _____

Home Phone (_____) _____ MSG /CELL (_____) _____

Home Address _____ City _____ State _____ Zip _____

Mothers Name _____ Work Phone _____ Occupation _____

Fathers Name _____ Work Phone _____ Occupation _____

Emergency Contact _____ relationship _____ Phone _____

Family Doctor _____ Phone _____ Insurance Company _____

SIGNATURES:

By signing below, the student(s), and parent(s) and /or legal guardian acknowledge that they have read the waiver and release of the liability and understand the foregoing information concerning participating in our program, including gymnastics/cheer activities and instruction at Arizona Desert Star Gymnastics, LLC, or City of Maricopa, Oasis Life Church and agree to these terms as a condition to participation and membership enrollment.

Print name _____ Signature of Parent or Guardian _____

MEDICAL RELEASE

For Arizona Desert Star Gymnastics LLC and or City of Maricopa (required)

Should my child(ren) _____ become ill or injured while participating in an authorized gymnastics / cheer / athletic activity:

- (1) I give permission for Arizona Desert Star Gymnastics LLC staff members to render first aid treatment AND /OR emergency care to my child(ren) while in attendance to Arizona Desert Star Gymnastics.

Parent Signature

Print Name

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WAIVER AND RELEASE REQUIRED FOR PARTICIPATION

In consideration of accepting this/these student(s) as member(s) of Arizona Desert Star Gymnastics LLC. I here by **release and covenant not-to sue** Arizona Desert Star Gymnastics LLC, it's officers and /or owners, and any of their employees, staff members, contractors, landlords, or agents and /or members, from **any and all present and future claims resulting form ordinary negligence on the part of Arizona Desert star Gymnastics LLC or other listed: Little U Pre-school, Oasis** for property damage, personal injury , or wrongful death, arising as a result of engaging or receiving instruction in gymnastics, tumbling, or any other activities incidental thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, estate, heirs, agents, representatives or assigns.

Further I understand that gymnastics, tumbling, and related activities always involve certain risks, including but limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to all bones, joints, muscles, and internal organs, and that mats, pits, and other safety equipment and apparatus provided for protection, including the active participation of a coach / teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. I am voluntarily allowing my child to participate in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks or property damage, personal injury or death.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Arizona and agree that if any portion is held invalid, the remained of the waiver will continue in full legal force and effect. I further agree that the venue for an legal proceedings shall be within the state of Arizona.

I have read this form and fully understand that by signing this form, I am giving up legal rights and /or remedies which may be available to me for the ordinary negligence of Arizona Desert Star gymnastics LLC or any person /entity listed above.

Signature of parent/ Guardian

Date

Printed name

I also give permission to Desert Star Gymnastics LLC to utilize my child(ren) picture(s) in their advertisement with no compensation.

Parent or guardian Signature

date

Print Name