



Client ID# ____ Class ____

Registration and Release Form
For
Albuquerque Gymnastics School
(505) 293-9570
www.agsgymnastics.com

Student Name _____ Age ____ Date of Birth _____ M ____ F ____

Mother: _____ Employer _____ Phone: _____

Father: _____ Employer: _____ Phone: _____

Address: _____ Zip: _____ E-mail: _____

Home Phone: _____ Cell Phone(s): _____, _____

Local Emergency Contact: _____ Phone: _____

Bill to (other than above) _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

List any special healthy related problems that your child may have that our staff should know about:

Allergies: _____ Is on Medication: _____ What Type: _____

Learning Problems or Handicaps: _____

Past Injuries and Dates: _____

Do you give an adult staff member of AGS permission to transport and authorize emergency medical treatment for your child if you are unable to be reached? YES: ____ NO: ____

Parent's Signature: _____

If yes, what is your hospital preference? _____

If you intend to have your child participate, please note that all tuition fees are due on or before the 10th of each month. All new students must pay the same day they register. A yearly non-refundable \$35.00 registration fee is due per family starting with the first tuition payment. Also notify the secretary before withdraw, otherwise you will be held responsible for payments. Since we do reserve your child's spot in our class/ program, please call the secretary if you are discontinuing lessons. There will be a \$10.00 fee for all late payments, and a \$15.00 fee charged for all returned checks.

The Albuquerque Gymnastics School does not carry medical insurance for your child. We are assuming that you as a parent already have medical insurance for your child. There are risks involved when enrolling your child for sports activities, and you as parents must understand the physical and financial risks that are inherent within the realm of the gymnastics activities offered at this school.

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in gymnastics. I further agree that the Albuquerque Gymnastics School (AGS), along with the employees, officers and directors of this organization shall not be liable for any losses or damages occurring as a result of our participation in the sport.

Please sign if you have read, understand and appreciate the statements regarding your assumption of risk. Thank you for your cooperation!

Parent's Signature _____ Date _____