

Credit Card \_\_\_\_\_  
I-Class \_\_\_\_\_



Registration Form  
Updated 2/2019

Parent/Guardian First Name \_\_\_\_\_ / \_\_\_\_\_ Last Name \_\_\_\_\_ / \_\_\_\_\_  
Mother Father Mother Father

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

Mom's Cell \_\_\_\_\_ Work# \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Work # \_\_\_\_\_

Home/Land Line # \_\_\_\_\_ E-Mail(s) \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

How did you Hear about us? \_\_\_\_\_

Student Name _____	BirthDay: _____	Gender M F
Student Name _____	BirthDay: _____	Gender M F
Student Name _____	BirthDay: _____	Gender M F
Student Name _____	BirthDay: _____	Gender M F
Student Name _____	BirthDay: _____	Gender M F

**Assumption of Risk, Waiver of Liability:** As legal guardian of the above named students, I understand that in consideration of participating in classes offered at Desert Thunder Gymnastics I represent that I understand the nature of these activities and that my child/children are qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity. I am also aware that participation in activities may involve transportation to and from various places and as a result my child could be injured or killed in a vehicular accident. I hereby release, discharge, and covenant not to sue Desert Thunder, its respective administrators, directors, agents, officers, volunteers, and employees, other participants any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost, which any may incur as the result of such claim. I have read the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed freely and without inducement. I hereby grant my consent for Desert Thunder Gymnastics and any of its officers or agents to provide emergency medical care if necessary to my above-named child. This includes, but is not limited to: the services of a physician and/or Emergency room if considered necessary by the staff of Desert Thunder Gymnastics. I also agree to assume responsibility for any and all expenses incurred for the emergency medical treatment of my child. It is our policy to discourage employees to work in any childcare/babysitting positions with our clients. Ignoring this policy is considered outside of the responsibility of Dessert Thunder Gymnastics, negating any liability between Desert Thunder Gymnastics and the parties involved.  
I have read, understand, and agree to the policies laid out by Desert Thunder Gymnastics.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Printed Name** \_\_\_\_\_

### BILLING INFORMATION

I agree that my credit/checking account will be charged before each session for my balance due. Auto billing only applies to recurring session tuition and annual membership fees. Fees for other products/services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has recurring tuition I am continuously enrolled in the program. I will incur recurring monthly/session tuition charges on my account until I submit a Desert Thunder drop request. This request must be made 15 days prior to withdraw date.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Party responsible for payments if different than Parent/Guardian above \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### PHOTO RELEASE

(Optional)

I understand and agree that Desert Thunder may take photographs of my child for the sole lawful purpose of publicity, illustration, advertising and web content.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL HISTORY SURVEY**  
Only one child per medical release form

**Student's Name** \_\_\_\_\_

Does participant have any condition that would preclude or limit participation in our programs? If yes, explain _____	YES	NO
Has participant ever been informed that they have asthma? If yes, is it controlled by medication?	YES	NO
	YES	NO
Has participant ever been informed that they might have epilepsy, or ever experienced a seizure?	YES	NO
Has participant been treated for infectious mononucleosis, viral pneumonia, or another infectious disease during the past twelve months?	YES	NO
Has participant ever been treated for or informed by a medical doctor that they have a heart problem, a heart murmur, or high blood pressure?	YES	NO
Has participant ever been told they had hemophilia or other bleeding disorder or currently have easy bleeding or bruising?	YES	NO
Has participant ever been told that they have a hernia? If yes, is it repaired?	YES	NO
	YES	NO
Has participant had any operations in the past two years? If yes, indicate the anatomical site and date _____	YES	NO
Is participant currently taking prescribed medications? If yes, list drug name and why prescribed _____	YES	NO
Has participant ever been treated for Osgood-Schlatter (knee) Disease?	YES	NO
Has participant had a fracture during the past two years? If yes, indicate site of fracture and date _____	YES	NO
Has participant had any joint dislocation during the past two years? If yes, indicate which joint _____	YES	NO
Does participant ever experience pain in the back? If yes, circle frequency <i>Seldom</i> <i>Occasionally</i> <i>Frequently</i> <i>ONLY on vigorous exercise or heavy lifting</i>	YES	NO
Is participant allergic to penicillin or any other medications? If yes, list _____	YES	NO
Have there been any disciplinary, emotional, learning disabilities or other concerns, we should be aware of? If yes, explain _____	YES	NO
List special medical conditions/allergies/restrictions _____		

All of the above questions have been answered completely and accurately to the best of my knowledge

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_