

NORTH SHORE GYMNASTICS REGISTRATION CARD

CHILD'S LAST NAME: _____

Parent's/ Legal Guardian's Names: _____

Address: _____

City/State: _____ **Zip:** _____ **What School does your child attend?:** _____

Phone Numbers:

Cell: _____ **Work:** _____

Home: _____ **Email:** _____

Emergency Contact: (other than yourself)

Name: _____ **Relationship:** _____ **Cell:** _____ **Other:** _____

Please list any challenges or health problems (including Allergies, Asthma, Vision, Diabetes, Epilepsy, Etc.) that would affect the student's participation in gymnastics. If your student requires an EpiPen, a Parent or Legal Guardian must remain at North Shore Gymnastics with the student.

Student's Name	Age	M / F	Date of Birth	Class Day & Time: 1 st Choice/2 nd Choice
1.		M / F		
2.		M / F		
3.		M / F		
4.		M / F		

PARTICIPANT RELEASE, WAIVER AND INDEMNIFICATION

I have been advised and I understand that: (a) there is a risk of injury associated with participation in the instructional programs/activities at North Shore Gymnastics; (b) the participation in such programs/activities and/or use of the equipment used in such programs/activities may result in injury including, without limitation, strains, abrasions, cuts, fractures, or death; (c) these risks and dangers may be caused by the negligence of the owners, the participants, the negligence of others, accidents, breaches of contract, the force of nature and/or other foreseeable or unforeseeable causes; and (d) by my child's voluntary participation in these programs/activities and/or use of equipment, I, as guardian, hereby expressly assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers or employees of North Shore Gymnastics, or by any other persons.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE NORTH SHORE GYMNASTICS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE WHICH MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAMS/ACTIVITIES AT NORTH SHORE GYMNASTICS.

Parent or Legal Guardian Signature

Date

MEDICAL RELEASE:

Each Parent or Legal Guardian is required to sign a medical release stating that their child is in good physical condition and has been examined by a physician within the last year and is in relatively good health and able to participate in a full gymnastics program.

Parent or Legal Guardian Signature

Date

CREDIT CARD AUTHORIZATION:

I hereby authorize North Shore Gymnastics to charge my Credit Card.

Visa MasterCard

Credit Card #: _____

Name & Billing Address on Card: (House #/Street/City/State/Zip Code)

Expiration Date: _____ Security Code: _____

Authorized Signature

Date

Please return completed form to either email, fax, or address for the relevant location

Port Washington: northshoregymnasticsli@gmail.com; Phone: (516) 767-7600; Fax: (516) 767-8800; 102 Harbor Road, Port Washington, NY 11050

Glen Cove: northshoregymnasticsli@gmail.com; Phone: (516) 759-5800 Fax: (516) 759-6665; 10 Shore Road Unit 3, Glen Cove, NY 11542