

# Student Registration & Consent Form

for 2011



Student:

LAST NAME

FIRST NAME

Address:

STREET, CITY, STATE, ZIP

Birthdate:

Gender:

Home Phone:

Mother:

NAME, ADDRESS & PHONE (IF DIFFERENT THAN ABOVE)

Father:

NAME, ADDRESS & PHONE (IF DIFFERENT THAN ABOVE)

Emergency Contact (non parent):

NAME & PHONE

Email:

EMAIL ADDRESSES FOR MOTHER AND/OR FATHER

In consideration of membership of QCGA, and for participation in any and all academy events or activities, the parents/legal guardians of the minor participant named above agree:

1. Participant shall be instructed to follow all QCGA safety guidelines at all times.
2. I/We fully understand and will instruct the minor participant that:
  - A. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis, and death.
  - B. The social and economic losses and/or damages which could result from those risks and dangers could be severe.
  - C. These risks and damages could be caused by the negligence of participant or the negligence of others.
  - D. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/We further agree that QCGA, along with employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of participation in QCGA events EXCEPT where such loss is the result of the intentional or reckless conduct of any individuals identified above.
4. QCGA will provide quality and safe gymnastics, tumbling, and cheerleading instruction. In return, I/We agree to pay QCGA the designated fees for this service on the first lesson of each month.
5. I/We attest to the best of my/our knowledge that the minor participant named above has been deemed medically fit for participation in gymnastics, tumbling, or cheerleading activities.
6. I/We give permission for the photo image of the minor participant named above to be used by QCGA for promotion and advertisement of QCGA thru avenues such as our newsletters, website, Facebook, Twitter, etc.

I/We have read, understand and agree to the statements listed above.

Signed: \_\_\_\_\_

Parent/Legal Guardian

Date: \_\_\_\_\_

For office use only:

Intro date: \_\_\_\_\_

Class: \_\_\_\_\_