



REGISTRATION FORM

STUDENT INFORMATION

Student's Last Name: _____ First: _____ Middle Initial: _____ DOB: _____ Male Female
 Street Address: _____ City: _____ State: _____ ZIP Code: _____
 Email: _____ Home Phone #: () _____ Cell Phone #: () _____
 List Medical / Existing or Past Injury / Conditions / Allergies (if any): _____

PARENTS INFORMATION

Mother's Last Name: _____ First: _____ Middle Initial: _____ Emergency Contact: Yes No
 Email: _____ Home Phone #: () _____ Cell Phone #: () _____
 Occupation: _____ Employer: _____ Employer's Phone #: () _____
 Father's Last Name: _____ First: _____ Middle Initial: _____ Emergency Contact: Yes No
 Email: _____ Home Phone #: () _____ Cell Phone #: () _____
 Occupation: _____ Employer: _____ Employer's Phone #: () _____

How did you hear about us:	<input type="checkbox"/> - Website	<input type="checkbox"/> - Drove by	<input type="checkbox"/> - TV ad
<input type="checkbox"/> - Postcard	<input type="checkbox"/> - Facebook	<input type="checkbox"/> - Friend (specify)	<input type="checkbox"/> - Other (specify)

CLASS (for office use only)

Pre School	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	1x - \$55.00	2x - \$99.00	3x - \$140.00
Recreational Girls	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	1x - \$65.00	2x - \$120.00	3x - \$175.00
Recreational Boys	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	1x - \$65.00	2x - \$120.00	3x - \$175.00
Advanced / Pre Team	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	1x - \$90.00	2x - \$175.00	3x - \$TBD
Parent / Tot	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	1x - \$50.00	2x - \$TBD	3x - \$TBD
Adult	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	1x - \$85.00	2x - \$175.00	3x - \$250.00
Team	L - 4 <input type="checkbox"/>	L - 5 <input type="checkbox"/>	L - 6 <input type="checkbox"/>	L - 7 <input type="checkbox"/>	L - 8 <input type="checkbox"/>	L - 9 <input type="checkbox"/>	L - 10 <input type="checkbox"/>	
Class Tuition:			Discount:					
Registration Fee:								
Total Amount:								

Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of Hawkeye Gymnastics and their employees, and all other persons or entities acting on behalf of Hawkeye Gymnastics, I release and discharge Hawkeye Gymnastics on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand and acknowledge that the activity I or, my child will participate in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself, to property or to third parties. The following describes some, but not all, of those risks:

Gymnastics, Cheerleading, Tumbling, Trampoline and Dance entail certain risks which simply cannot be eliminated without compromising or eliminating the essential qualities of the activity. Without a certain degree of risk, gymnastics, cheerleading, tumbling, trampoline and dance students would not improve their skills, and the benefits and enjoyment of the sport would be diminished. Gymnastics, Cheerleading, Tumbling, Trampoline and Dance exposes its participants to the usual risks of cuts and bruises. Other more serious risks exist. Participants can fall off equipment, sprain or break wrists and ankles, and they can suffer more serious injuries including paralysis or even death. If a participant is injured, he or she may require medical assistance at their own expense.

I and/or my child expressly agree and promise to accept and assume all of the risks existing in this activity. Participation in this activity is purely voluntary, no one has forced me to participate, and I, or my child, elect to participate in spite of the risks. I understand and agree that Hawkeye Gymnastics and their staff will assume no responsibility for medical expenses incurred by me, or my child as a result of injury at this facility.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand it affects my legal rights. I agree to be bound by its terms.

SIGNATURE OF PARTICIPANT OR (PARENT OR LEGAL GUARDIAN) _____ **DATE** _____