



BLUEGRASS GYMNASTICS REGISTRATION (PLEASE PRINT ALL INFORMATION CLEARLY)



NAME: _____

CIRCLE ONE: M or F

BIRTH DATE: _____

AGE: _____

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____ ZIP _____

CELL PHONE: _____ ALT PHONE: _____

EMAIL ADDRESS: _____

IS YOUR CHILD'S PHOTO ALLOWED TO BE ON SOCIAL MEDIA? _____

Please add any other information you would like for us to know (allergies, medicines, etc.)

For Parents/Guardians:

*Please make checks payable to: Bluegrass Gymnastics. Cash must be exact change only.

*Class fees are due at the first class of each month.

*All questions about class should be directed to the instructor, Courtney Pate.
(bluegrassgymnastics@gmail.com)

*Child must wear hair pulled back, athletic attire, tennis shoes are encouraged but not required.

For office use only

Payment Record

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

Month _____ **Date** _____

AGREEMENT, WAIVER AND RELEASE

In consideration of being permitted by Decatur Parks and Recreation to participate in activities at Decatur Parks and Recreation Facilities, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities. This release is intended to discharge in advance the City of Decatur, its officers, employees and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any other Decatur City Parks and Recreation facility even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the City of Decatur, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other Decatur Parks and Recreation facility.

I understand that by participating all Participants consent to photo images taken by the Decatur Parks and Recreation staff during this activity to be used in any or all Decatur Parks and Recreation publications and websites.

CONSENT OF PARENT/GUARDIAN (If Participant is a minor)

I am the parent or legal guardian of the Participant listed above. I hereby consent that the Participant may participate in activities at this, or any other Decatur Parks and Recreation facility and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said Participant may sustain while participating in activities at any such Decatur Parks and Recreation Department facility.

- **I am the parent or legal guardian of the Participant listed above. I vow to communicate any Covid-19/Quarantine related information concerning the Participant to Decatur Parks and Recreation staff as soon as possible to ensure the safety of other individuals participating in this activity.**

I HAVE CAREFULLY READ BOTH FRONT AND BACK OF THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF DECATUR AND I SIGN IT OF MY OWN FREE WILL.

Print Name _____ Relationship _____

Signature _____ Date _____