



PLANET GYMNASTICS MEMBERSHIP FORM



Phone (251)650-0699: Website: www.planetgym.org: Facebook: <https://www.facebook.com/planetgymnasticsalabama/>

How did you hear about Planet Gymnastics? _____

1. Student's Name: _____ Sex: _____ Date of Birth: ____/____/____

Name of Class: _____ Day & time of class: _____

2. Student's Name: _____ Sex: _____ Date of Birth: ____/____/____

Name of Class: _____ Day & time of class: _____

3. Student's Name: _____ Sex: _____ Date of Birth: ____/____/____

Name of Class: _____ Day & time of class: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Mother/Guardian: _____ Home phone: _____ Work: _____ Cell: _____

Father/Guardian: _____ Home phone: _____ Work: _____ Cell: _____

Emergency Contact (other than parent): _____ Phone: _____

Medical Insurance Carrier: _____

Allergies: _____ Previous injuries/illnesses: _____

Known Medical Conditions: _____

By signing the liability waiver, you have authorized Planet Gymnastics Inc. to act on your behalf in any medical emergency. Should it be deemed necessary, which hospital or doctor would you prefer us to take your child to?

Doctor _____ Phone _____ Hospital _____

I understand that my tuition will be \$_____, based upon the classes above. A late fee of \$10 is applied after the 7th of the month, as well as if the card on file has been declined. Interest will be applied to any outstanding tuition. I agree to pay tuition in full and on time, and will pay any late finance charges or decline fees. Registration is not complete until I have read and signed the waiver, and paid the registration fee for each student. Membership fee is renewed once a year. I agree to abide by the policies and procedures of Planet Gymnastics and understand that Planet Gymnastics reserves the right to change them at any time.

Person responsible for charges: _____ Driver's license number: _____

Signature: _____ Date signed: _____



PLANET GYMNASTICS WAIVER

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Name(s) of participants: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone Number(s): _____
Emergency Phone Contact: _____ Email: _____

WARNING!!!

In consideration for the use of services, facilities, or equipment provided by Planet Gymnastics, the undersigned (whether a participant, non-participant, chaperone, parent, or observer) hereby releases Planet Gymnastics Inc., its subsidiaries, affiliates, partners, officers, directors, employees, agents and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the undersigned, the participant or his or her heirs, assigns, and legal and personal representatives, and next of kin from any and all liability whatsoever and any cause of action for, bodily injuries, death or property damage to the undersigned or the participant, arising out of participant's use of, or presence upon property, or services of Planet Gymnastics Inc.

The undersigned and/or participant at Planet Gymnastics understands, acknowledges, and agrees that acrobatics, gymnastics, tumbling and trampoline, cheerleading, martial arts, and other activities in the gym, are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties, and the participant is fully aware of the risks inherent in engaging in or observing any activity at or provided by Planet Gymnastics, no matter how careful the participants and staff, no matter what safety equipment is used, the risk cannot be eliminated. Risk can be reduced but never eliminated.

The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks include catastrophic injuries such as permanent paralysis or death. These can occur from landings or falls on the back, neck, or head and other such occurrences. The undersigned and/or participant, may suffer such injuries while merely observing or being in the proximity to our activities as other participants may collide, land, or fall upon you. The undersigned and/or participant are aware of the conditions of the facilities and that conditions may become more dangerous during the time the participant is using the premises. The undersigned and/or participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The undersigned and/or participant acknowledges that there are various degrees of skill and experience required for the different activities and the undersigned and participant will abide by the rules for the use of the various activities, including wearing all of the protective gear and equipment that is required for participation and will follow instructions of staff members. Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The undersigned and/or participant agrees to indemnify Planet Gymnastics Inc. against, and save it harmless from, any and all damages, actions, claims, judgments, costs of litigation and attorney fees which may result from the undersigned or participants use of or presence upon the property or facilities or services of Planet Gymnastics, including damage to the equipment used by Planet Gymnastics, or lessor's property.

I hereby authorize Planet Gymnastics to act for me or the participant according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Planet Gymnastics Inc. that I have no physical condition or mental impairment that would be affected by participation in activities of Planet Gymnastics. I permit Planet Gymnastics to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Planet Gymnastics, or engaged in any activity or event sponsored, promoted, or organized by Planet Gymnastics for publicity, advertising, or any legitimate purpose.

By signing this waiver and assumption of risk and release, I on behalf of myself and the participant or his or her heirs, assigns, and legal and personal representatives, and next of kin acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I certify that the undersigned and participant are covered by insurance to cover any injury or damages we may suffer or cause, or else I agree to bear the costs for such injury or damage to myself, or others. I certify that I am authorized to execute this release.

Examples of some of our Safety Rules

No running	Only 2 at a time on cargo net	Do not bury yourself in pit
No flipping unless supervised	One person at a time on tramps & pits	One way on tumble track
Everyone must be supervised at all times	Stay 20ft apart on tumble track	Follow all instructions of staff
No jumping headfirst anywhere	Adults are only allowed to observe	

- Our rules include but are not limited to the rules on this waiver. Once inside the gym you should ask for additional safety and special rules at each station/event/apparatus.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 19.

Signature of parent/legal guardian: _____ Date signed: _____

Print name of parent/legal guardian: _____ Relationship to participant: _____