



Platinum Gymnastics Academy
Class Registration Form
 1410 Royston Ln. Round Rock, TX 78664
 Ph: 251-2776 Fax: 251-2782
 go2platinum.org

For Office Use Only

Class Assignment:

\$ Reg. \$ Reg.
 \$ Deposit \$ Deposit
 \$ Tuition- \$ Tuition-

Total Due:
 PAID:

Student Information:

Child's Name _____ Age _____ DOB _____ Sex _____
 Child's Name _____ Age _____ DOB _____ Sex _____
 Address _____ City _____ State _____
 Home Phone _____ Apt. # _____ Zip _____
 Medical Conditions, if any _____
 What school(s) does your child(ren) attend: _____

Parent/Guardian Information:

Mother's Name _____ Cell _____ Wk Phone _____
 Occupation _____ Email _____
 Father's Name _____ Cell _____ Wk Phone _____
 Occupation _____ Email _____
 Emergency Contact _____ Phone _____
 Family Doctor _____ Phone _____
 How did you hear about us? _____

Medical Release Form

- **Eligibility:** I agree to comply with the rules and policies of Platinum Gymnastics Academy.
- **Participation:** I consent to have my child/children participate in the programs Platinum Gymnastics Academy offers. I, my executors, or other representatives, forever waive and release all rights and claims for damages that I or my child may have against Platinum Gymnastics and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.
- **Medical Attention:** I fully understand that Platinum Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Platinum Gymnastics staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Platinum staff, to provide through a medical staff of it's choice, customary medical/athletic training attention, transportation by a Platinum Gymnastics staff member or its representatives, whether paid or volunteer, or the calling of an ambulance should the Platinum staff deem this necessary.
- **Waiver:** I am aware that I should make my child or children aware of the possibility of injury and will encourage my children to follow all the safety rules and the coach's instructions. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further understand that it is the parent's responsibility to warn their children about the dangers of gymnastics and injury. Platinum Gymnastics Academy, its coaches, and other staff members, will not accept responsibilities for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, open gym, or other programs in the case of any exhibition, competition, or clinic in which my children may participate while traveling to or from the event. I also agree that Platinum Gymnastics Academy, its coaches and other staff members, shall not be liable for any losses or damages occurring as a result of my children's participation in the event. Platinum Gymnastics Academy will only warn the children through "Safety Messages" and our teaching style and progression.

I do hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.

Signature Parent/Guardian _____ Date _____