



9162 Trinity Drive Lake in the Hills, Illinois 60156
(847) 854-8518

Registration/Release Form

Trial Class: _____ Open Gym: _____ Birthday Party: _____

Participant (1) _____ DOB _____

Participant (2) _____ DOB _____

Participant (3) _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Email _____

Cell Phone _____ Work Phone _____ Home _____

Parent/Guardian _____ Email _____

Cell Phone _____ Work Phone _____ Home _____

Emergency Contact _____ Relationship _____

Cell Phone _____ Work Phone _____ Home _____

I, the parent or guardian, do hereby grant permission for my child whose name is listed on this registration/release page, and hereinafter shall be referred to as "participant", to participate in INSTRUCTION/PRACTICES/COMPETITIONS/EVENTS. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Trinity Academy of Gymnastics (hereinafter referred to as "gym") staff to obtain medical treatment for the participant for such injury or illness, and I hereby hold the gym harmless in the exercise of this authority. I further acknowledge and understand and agree that in participating in these INSTRUCTION/PRACTICES/COMPETITIONS/EVENTS there is a possibility of physical injury (minimal, serious, or catastrophic) or illness, and the participant is assuming the risk of such physical injury or illness. I further agree to hold harmless the gym, its director, staff and coaches from any claims arising from injury or illness incurred by participant during the course of the INSTRUCTION/PRACTICES/COMPETITIONS/EVENTS. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred during these activities by the participant. I also agree that if I, or I on behalf of the participant or agent of the participant brings an unsuccessful lawsuit against the gym or its staff that I agree to cover all legal fees incurred by the gym or its staff.

There are no refunds once a class session/event begins or of team fees, tuitions, or ANY AND ALL other expenses. I understand that monthly class tuition is to be paid by the 25th of the preceding month and that full recreational gymnastics tuition for the following month is due unless 14 days prior notice (by the 11th of the month) is provided in writing. I understand that team fees, tuitions, & expenses are part of a commitment to team gymnastics for each gymnastics season (June through the following May). I agree to abide by the policies posted/distributed with the class schedule available in the gym or on our website. I grant permission for gym to charge my credit/debit card/checking account for any fees due but unpaid by the first of each month.

Individual and small group/team pictures may be taken at meets, during practice, and any other times team members/students are at the gym or with coaches. These pictures may be used in reporting competition results or in advertizing the services offered by the gym. I grant permission for such pictures to be used for the aforementioned purposes without remuneration.

I also understand and commit myself to abide by the "Rules and Regulations" established by the gym for Team Membership.

Parent/Guardian Signature _____ Date _____

How did you hear about us? _____