



*9162 Trinity Drive Lake in the Hills, Illinois 60154
(847) 854-8518*

Registration Form

Participant Name _____ Date Of Birth _____

Full Address _____ City _____ State _____ Zip _____

Parent's Name _____ Phone _____

Cell Phone _____ Work Phone _____ Email _____

Class _____ Day _____ Time _____

I, the parent or guardian, do hereby grant permission for my child whose name is listed on this registration page, and hereinafter shall be referred to as "participant", to participate in PRACTICES AND COMPETITIONS. 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 PRACTICES and COMPETITIONS 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 PRACTICES and COMPETITIONS. 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.

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

Parent Signature _____ Date _____