



ABC GYM KIDS

149 - 155 Christopher St, New York, NY 10014
(347) 622-1009 - www.abcgymkids.com

STUDENT INFORMATION

Student's Name _____ M or F Birthdate _____

Parent's Name _____ Cell Phone _____

Parent's Name _____ Cell Phone _____

Gym Partner/Nanny's Name _____ Cell Phone _____

Email Address _____

Mailing Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Other Phone _____

Medical Information: Doctor _____ Phone _____

Insurance Company _____ Phone _____

Please list any physical/mental limitations, allergies or medical conditions: _____

DISCLAIMER OF LIABILITY AND MEDICAL AND PHOTO RELEASE

By the very nature of the activity, gymnastics carry a risk of physical injury. The risk of injury includes, but is not limited to minor injuries such as bruises and more serious injuries such as broken bones, dislocations, muscle pull and stitches. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. STEPHANIE DOWLING and WV GYM KIDS, LLC is bound by law to inform all participants and their parents and guardians of the risks involved in the activities of gymnastics. Anyone participating in the STEPHANIE DOWLING and WV GYM KIDS, LLC gymnastics program must sign the notice on the application and must adhere to the safety guidelines governing participation in STEPHANIE DOWLING and WV GYM KIDS, LLC. Safety guidelines are posted at: www.abcgymkids.com.

I understand the risks involved as aforementioned in the participation in the STEPHANIE DOWLING and WV GYM KIDS, LLC gymnastics program. I hereby waive any claims or rights that I might have arising from the STEPHANIE DOWLING and WV GYM KIDS, LLC gymnastics program against STEPHANIE DOWLING and WV GYM KIDS, LLC, its employees, owners or officers for injuries that may occur as a result of any activity conducted by STEPHANIE DOWLING and WV GYM KIDS, LLC. I assume all risks involved in the participation in any STEPHANIE DOWLING and WV GYM KIDS, LLC activity or program. I hereby authorize STEPHANIE DOWLING and WV GYM KIDS, LLC to make use of my health insurance policy for any medical services rendered to my child or me. I understand that payments will be made directly to all medical providers. Should my insurance not provide for full payment for the medical services rendered, I accept full financial responsibility for any such unpaid medical expenses.

I authorize that STEPHANIE DOWLING and WV GYM KIDS, LLC has the right to use all photographs or videos taken of my child or me during classes, or scheduled photo shoots, for advertising or promotional materials.

Parent or Guardian Signature _____ Date _____