



Special Events Registration Form

Please fill out all sections completely. By signing below you agree to all covenants and provisions contained in this form, and state that all information is correct to the best of your knowledge. All information will be kept strictly confidential.

STUDENT INFORMATION:

1st Student's Name: _____ DOB: _____ M F Current Age: _____

2nd Student's Name: _____ DOB: _____ M F Current Age: _____

3rd Student's Name: _____ DOB: _____ M F Current Age: _____

4th Student's Name: _____ DOB: _____ M F Current Age: _____

GENERAL INFORMATION:

Parent(s) / Guardian(s)

Mom's Name: _____ Dad's Name: _____

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

Primary # (Cell): _____ Secondary # (Circle- Home or Dad Cell): _____

Check box to opt OUT of receiving mobile alerts from Clarksville Elite Gymnastics Center. The only messages that will be sent will be in regards to closings, schedule changes or other important dated information!

E-Mail (PLEASE PROVIDE): _____

EMERGENCY INFORMATION (OTHER THAN PARENT):

Contact Person's Name: _____ Relation: _____ Phone: _____

Doctor/ Hospital: _____ Allergies: _____

Medical Conditions: _____

PICK-UP AUTHORIZATION:

The people listed below are authorized to pick up the named children at anytime. Accordingly, Clarksville Elite Gymnastics and staff at CEGC are hereby instructed to release my child(ren) into the care of the following people whenever they come for pickup.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

I understand that: Parents/Guardians must inform Clarksville Elite Gymnastics (call, leave a note at drop off, etc.) of the name of the person who is picking up their child on any day when themselves or someone listed above is not. The "Authorized Pick-Up Person" must be at least 18 years of age and will be asked to provide a photo ID to the staff.

ACCEPTANCE OF RISK AGREEMENT AND PHOTO RELEASE

READ CAREFULLY BEFORE SIGNING

By the very nature of the activities, gymnastics/cheerleading/martial arts carry the risk of physical injury. No matter how careful the participant and coach are, no matter how many spotters are used, no matter the height of the skill or what landing surface exists, the risk of serious injury, paralysis and even death cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bumps, scrapes and bruises as well as more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes the possibility of catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, and head.

1. I, _____, the parent/legal guardian of _____, who is a special event participant, including but not limited to Parents' Night Out, Seasonal Camps, or Kids' Day Out Camps, of CLARKSVILLE ELITE GYMNASTICS CENTER in Clarksville, TN and is engaged in the following activities on the premises of CLARKSVILLE ELITE GYMNASTICS CENTER: Gymnastics, and other related &/or incidental physical activities. I know the risks and dangers involved in such activities, and that unanticipated and unexpected dangers may arise during such activities and I hereby assume the risk for any injuries that my child may sustain during such activities and I hereby assume the risk for any injuries that my child may sustain in the pursuit of the above stated activities while on the premises and do hereby remise, release, and forever discharge, and agree to hold harmless, CLARKSVILLE ELITE GYMNASTICS CENTER from any actions, suits, damages, claims, or judgments that may result from any personal injury my child may sustain while on the premises or in the care of CLARKSVILLE ELITE GYMNASTICS CENTER, in connection with the above stated and associated activities. I represent and certify that I am at least eighteen (18) years of age and that the attendance/participation of my child in the stated activities is voluntary. I have read and understand the foregoing agreement to hold Clarksville Elite Gymnastics Center harmless from suit. In witness whereof I have executed this agreement.
2. This agreement applies to any and all personal injuries, accidents or events which may occur at any one or more time while the student is enrolled in Clarksville Elite Gymnastics Center/Ninja Zone including but not limited to the following: while traveling to and/or from, present at, participating in any and all instructional classes, practice sessions, exhibitions, clinics, competitions or events.
3. I hereby authorize Clarksville Elite Gymnastics Center/Ninja Zone to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Clarksville Elite Gymnastics Center/Ninja Zone from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Clarksville Elite Gymnastics Center/Ninja Zone is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Clarksville Elite Gymnastics Center/Ninja Zone confers no rights of ownership whatsoever. I release Clarksville Elite Gymnastics Center/Ninja Zone, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

I have read and understand the risk explained above and accept said risk and terms with my signature. In the event that the participant is a minor, I hereby certify that I have witnessed and or participated in the explanation of the above mentioned risks to said minor in terms understandable to them and further agree that I am satisfied with said minors comprehension of said risk.

Signature of PARENT / GUARDIAN of CHILD: _____ DATE: _____

ADDITIONAL NOTES:
