



PRIDE GYMNASTICS ACADEMY ENROLLMENT/TRYOUT FORM

7801 S Old Highway 51
Broken Arrow, OK 74014
(918)251-7009

Tryout Date: _____ Day: _____ Time: _____ Class: _____

Name of Participant: _____ DOB ____/____/____ M____ F____

School _____ Grade _____ Previous gym/experience _____

Address: _____ City _____ State _____ Zip _____

Email: _____ Doctor's Name and Phone _____

Mother or Guardian: Name: _____ Home #: _____ Cell #: _____

Father or Guardian: Name: _____ Home #: _____ Cell #: _____

Emergency Contact Name and Phone _____

How did you hear about Pride GA? _____ Referred by: _____

PARENTAL CONSENT and WAIVER

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the policies brochure and agree to abide by its terms.

In consideration of participating in the sport events at Pride GA, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Pride GA, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors (lessons) of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations; and I future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Medical Release:

The undersigned gives permission for the Pride Gymnastics Academy, LLC owners, officers, employees and /or agents to seek emergency medical treatment for the participants(s) in the event they are unable to immediately reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action. _____ (Initial)

Payment Information:

Non-refundable, annual registration fees are due upon enrollment. Tuition payments are due the 1st week of each month. No spot is guaranteed until payment has been received. Those paying after the 8th of the month will incur a \$10.00 late fee and \$15.00 on the third week. No child is permitted to participate on the third week until full payment is made. ABSOLUTELY NO REFUNDS! Please give the office a 30 day written notice if your child discontinues for any reason. _____ (Initial)

Transportation Release:

I give my permission for my child to be transported by a Pride GA vehicle for field trips or other places which are known to the parents. _____ (Initial)

Marketing Release:

I understand that my child's likeness may be used in Pride GA ads, promotional videos, website or other marketing material. These images will be used by Pride GA purposes only, and will not be sold or have any name identification associated with them. _____ (Initial)

Yes, I have read and understand above,

Print name of Parent/Legal Guardian _____