TECHNIQUE GYMNASTICS

11345 Folsom Boulevard, Rancho Cordova, CA 95742 (916) 635-7900 gym (916) 543-1700 fax

Today's Date	Nev	w Registration	ership Renewal	Change of	Information
Child's Name		Date of Birth		☐ Female	☐ Male
Child's Name		Date of Birth		Female	☐ Male
Child's Name		Date of Birth		Female	☐ Male
Child's Name		Date of Birth		Female	☐ Male
Parent / Guardian(s)	Names		Email		
Address		City	State _	Zip _	
Primary Phone ()	Alternate Phone ()		
Work Phone ()	Mom or Dad?			
Emergency Phone	e ()	Emergency Co	ontact		
Medical Alert / Allergi How did you hear ab	out us?	Name – They get a \$25 credit wher	n you enroll) Magazine/Ad		
☐ Previous Student	∟ J Other		_		
	C	FFICE USE ONLY			
Child	Class Code(s)	Membership \$		Paid \$.	
				Date _	
		Other \$		Initials .	
		Total Due \$			

Please make sure you have signed the **BACK** of this waiver also.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION IS RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating at Technique Gymnastics, 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 Technique Gymnastics, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) form 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 "releasees" or otherwise, including negligent rescue operations and 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMTION OF RISK AND INDEMNITY 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 to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement in held to be invalid the balance, notwithstanding, shall continue in full force and effect. Printed name of participant(s) PARENTAL CONSENT AND 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 hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim. Printed name of Parent/Legal Guardian Date Signature of Parent/Legal Guardian Consent of Treatment of a Minor Should it be necessary, in the opinion of a staff member of Technique Gymnastics, Inc. to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Technique Gymnastics, Inc. and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

Signature of Parent/Legal Guardian



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www.techniquegym.com

Automatic Credit Card Payment Authorization Form

If you would like to have your monthly tuition charged to a credit card each month, please fill out the information below and return it to our office. Your credit card will be charged on the $\mathbf{1}^{st}$ of each month. If the $\mathbf{1}^{st}$ falls on a weekend then your credit card will be charged on the following Monday. The **total balance** due on your account including tuition, membership and any other outstanding charges will be charged to your credit card.

Select which credit card to use:						
☐ Visa ☐ MasterCard						
Credit Card Information:						
Credit Card #://	/	Expiration Dat	re:			
Name as it appears on card:						
Credit card billing address:						
City:	State:	Zip:				
Home Phone:	Cell Phone:					
Name of student(s):						
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT BY CREDIT CARD						
I authorize Technique Gymnastics, Inc. to charge moutstanding charges to the credit card listed above a notice.						
This authorization is to remain in full force and effective from me of its termination in such time and in such opportunity to act on it.						
By signing this authorization, I acknowledge that I h information given is true.	nave read and agree to all of	the above information	and warrant all			
Signature of Card Holder	Printed Name of Card	Holder	Date			
email						