

GIGC REGISTRATION FORM

MEMBER INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Gender: Male Female

Date of Birth:

E-Mail:

Day Phone:

Evening Phone:

Mobile Phone:

PARENT GUARDIAN INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Day Phone:

Evening Phone:

Mobile Phone:

EMERGENCY CONTACT

Name:

Day Phone:

Evening Phone:

Mobile Phone:

Relationship to Member:

CLASS PREFERENCES

Which days are you interested in taking classes? *(Check all that apply)*

Monday Tuesday Wednesday Thursday Friday Saturday

Which classes are you most interested in? *(Check all that apply)*

Adult Kickboxing Pre-school Parent & Tot Boys Gymnastics Girls Gymnastics
 Cheer/Tumble Intermediate Cheer/Tumble Power Tumble

What time of day best fits your schedule? AM PM

IMPORTANT INJURY INFORMATION

I fully understand that Georgia International Gymnastics / Cheer staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Georgia International Gymnastics / Cheer staff to render temporary first aid to my child[ren] in the event of any injury or illness, and if deemed necessary by the Georgia International Gymnastics / Cheer staff, to seek medical help. WE, the staff of Georgia International Gymnastics / Cheer, Inc. recognize our obligation to make our students and their parents realize the risk and hazards associated with the sports of tumbling, cheerleading, stunts, jumps, motions, preschool, gymnastics, and after school gymnastics. STUDENTS MAY SUFFER INJURIES, POSSIBLY MINOR, SERIOUS OR CATASTROPHIC IN NATURE, OR DEATH. I understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parents should warn their child[ren] according to what the parents feels is appropriate. Georgia International Gymnastics / Cheer will only warn the child[ren] through "SAFETY MESSAGES" and our teaching style and skill progression. Georgia International Gymnastics / Cheer, its coaches, and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, daycare, after school gymnastics programs, open workouts, or in the course of any exhibition, competition or clinics in which he or she may participate, or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibilities of injury involved, I consent to have my child[ren] participate in the programs offered by GEORGIA INTERNATIONAL GYMNASTICS / Cheer, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Georgia International Gymnastics / Cheer, Inc. and or it's representatives, whether paid or volunteer. Registration Fee's are NON REFUNDABLE!

I have reviewed and accepted the [G.I.G.C. Gym Polices](#) and [G.I.G.C. ONLINE Privacy Policy / USE Policy](#).

SIGNATURES

Parent/Guardian Signature (if under 18):

Date: