

Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years.

Club Waiver and Release Form For TRI-STAR GYMNASTICS, INC.

I agree that my child (or children) as listed on the back of this form may participate in class at Tri-Star Gymnastics. I fully understand that Tri-Star Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Tri-Star Gymnastics staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Tri-Star Gymnastics staff to call our doctor and to seek medical help, including transportation by a Tri-Star Gymnastics Staff member and or its representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Tri-Star Gymnastics staff deem this to be necessary.

Parent or Guardian Signature: _____ Date ____/____/____

We, the staff at Tri-Star Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, dance and tumbling. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, dance and tumbling can be dangerous and can lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The Tri-Star Gymnastics Club, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or dance instruction or family fun, or in the course of any exhibition, competition or clinic 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 possibility of injury involved, I consent to have my child or children participate in the programs offered by Tri-Star Gymnastics, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Tri-Star Gymnastics, Inc and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Tri-Star will only warn the child through "Safety Messages" and our teaching style and progressions.

List any physical disability, allergy, mental challenge that may deter your child from full participation in class:

We, Tri-Star Gymnastics coaches, occasionally give a popsicle for meeting a challenge. Do we have your permission to do so? Yes _____ NO _____

Parent or Guardian Signature: _____ Date ____/____/____

Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years.

Athlete Membership Agreement and Information For TRI-STAR GYMNASTICS, INC.

Fill in all blanks; submit form for current season only, bearing original signatures (photocopies or facsimiles not acceptable).

Agreement

In consideration of my membership to Tri-Star Gymnastics, Inc., and my participation in (Tri-Star Gymnastics classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Tri-Star Gymnastics, Inc.
2. **Readiness to Participate:** I will only participate in those Tri-Star Gymnastics classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises that I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. **Medical Attention:** I hereby give my consent to Tri-Star Gymnastics and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the cause of my participation.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

Information

Primary Medical Insurance: I am covered by primary health/medical/accident insurance through:

Please print _____ Group/Policy # _____

Student's Last Name: _____ Home Phone (_____) _____

1st Child's Name _____ M _____ F _____ Birthdate _____

2nd Child's Name _____ M _____ F _____ Birthdate _____

3rd Child's Name _____ M _____ F _____ Birthdate _____

I am a citizen of the U.S.: Yes _____ No _____ Signature of Athlete 18 yrs. _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by Tri-Star Gymnastics, Inc.

PRINTED name of Parent/Guardian _____ Cell Phone _____

Address: _____ City: _____ Zip Code _____

Signature of Parent/Guardian _____

Date: ____/____/____ e-mail address _____

Initial (over) I HAVE READ THE REVERSE SIDE OF THIS AGREEMENT AND SIGNED THE WAIVER AND RELEASE FORM. I have also received a copy of Proper Attire and Important Policy/ Rules Information.