



# Patti's All-American Gymnastics, Inc. Swimming Lesson Registration Form



FOR OFFICE USE

Date Pd. \_\_\_\_\_

CA CK

MC VS Discover

Autopay

Reg. Due Date

Total:

FAMILY LAST NAME \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S CELL: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ E-MAIL REQUIRED \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S CELL: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT 1 \_\_\_\_\_ SEX \_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_ Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_  
DATES DATES

Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_  
DATES

STUDENT 2 \_\_\_\_\_ SEX \_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
M/D/YR

Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_ Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_  
DATES DATES

Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_  
DATES

STUDENT 3 \_\_\_\_\_ SEX \_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
M/D/YR

Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_ Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_  
DATES DATES

Session \_\_\_\_\_ Level \_\_\_\_\_ Swim Time \_\_\_\_\_  
DATES

### In case of an emergency the person *other* than the parents to be notified is:

Name/Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

### Medical Authorization

I fully understand that the staff of Patti's All-American Gymnastics, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release Patti's All-American Gymnastics, Inc. to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Patti's All-American Gymnastics, Inc.  Initials x

Does your child have any medical conditions (mental or physical) we should be aware of including but not limited to: breathing problems, seizures, Downs Syndrome, any dizzy spells, previous neck or spine injuries or conditions, broken bones, high blood pressure, diabetes, autism, epilepsy, heart conditions etc.

**\*\*ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE using the words "SWIM". \*\* If your child requires an inhaler to be brought to class, I understand I am to stay with him/her or get a doctor's release. If your child is allergic to bees, I understand I am to stay with him/her during the swim class or camp.**

LIST ALL \_\_\_\_\_ OR CHECK NONE \_\_\_\_\_

Please list any allergies or medical conditions other than ones listed above that we should be aware of (ie. bee stings or food allergies) \_\_\_\_\_

**\*PAYMENT IS DUE AT TIME OF REGISTRATION. NO REGISTRATION WILL BE ACCEPTED WITHOUT PAYMENT. A waiver must be signed in order for your child to participate in class. Once registered, there is a \$10.00 fee to change class times. A doctor's note is required for any refund. If you cancel less than 10 days before class starts without a doctor's note, there is a fee of \$25.00.**

Parent/Guardian Signature: X \_\_\_\_\_

**WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF  
BODILY INJURY, DEATH OR DAMAGES**

As a parent or legal guardian of  Child's Name \_\_\_\_\_, I hereby consent to his/her participation in **swimming lessons or any and all other activities** offered by Patti's All-American Gymnastics, Inc. I understand that participation in swim and any and all other activities at Patti's All-American Gymnastics, Inc. may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death from various causes, known and unknown, which include, but are not limited to, the swimming lesson. I am fully aware of the inherent risks involved in swimming lessons offered by Patti's All-American Gymnastics, Inc. and the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Patti's All-American Gymnastics, Inc., I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Patti's All-American Gymnastics, Inc. It is also my intent to release Patti Komara, Patti's All-American Gymnastics, Inc. and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct which may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

By signing this I understand that I may be in the pool in a parent & tot class and incur injuries myself. Even if I am not in the pool, I may injure myself being in the pool area. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Patti's All American Gymnastics, Inc. This could include, but not limited to inside the building, in the parking lot, and all surrounding areas at Patti's All-American Gymnastics, Inc. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

Has the parent/participant accompanying the child out by the pool had any recent surgeries or injuries? \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

<p><b>Did anyone refer you to our gym? They receive \$20.00 towards their tuition and a spin on the 'Wheel of Fortune'. Name:</b> _____</p> <p>How did you hear about Patti's? Sign by Street _____ Yellow Pages _____ Newspaper - Which Ad? _____ Word of Mouth _____</p> <p>Entertainment Coupon _____ Birthday Party _____ Other (Please specify) _____</p>
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**Level I Parents:** If someone other than yourself accompanies your child to class they need to sign under additional participant's signature.

X \_\_\_\_\_ Date \_\_\_\_\_  
**ADDITIONAL PARTICIPANT**