



SHARON'S  
STUDIO OF  
DANCE

REGISTRATION FORM

TODAY'S DATE: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CLASS DAY/TIME \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

\*\* 2nd STUDENT IN FAMILY \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CLASS DAY/TIME \_\_\_\_\_

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

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

How did you hear about our program? \_\_\_\_\_

Is there any health information the instructor should know about your child? \_\_\_\_\_

\_\_\_\_\_

Has your child been in a gymnastics/dance class before? If so, please tell us where and how much training he/she has had.

\_\_\_\_\_

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM TOO!

OFFICE USE ONLY	
Location:	_____
DL Mem Fee Pd:	_____
Payment Information:	_____
_____	_____
_____	_____
Class Day & Time:	_____

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

As a parent or legal guardian of (CHILD'S NAME) \_\_\_\_\_, I hereby consent to his/her participation in **gymnastics, tumbling, dance, birthday parties, special events & activities including inflatables, camps and any and all other programs** offered by FLIPS Gym & Cheer Center, Sharon's Studio of Dance & GymTikes Gymnastics. I understand that participation in gymnastics, tumbling, dance, and any and all other activities at FLIPS Gym & Cheer Center, Sharon's Studio of Dance & GymTikes 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 heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks **involved in gymnastics, tumbling, dance, birthday parties, special events & activities including inflatables, camps, and any injury from participating in the aforementioned activities.** I agree to waive any and all claims of liability, release and hold harmless FLIPS Gym & Cheer Center, Sharon's Studio of Dance and GymTikes or any agent, employee, representative or other acting on their behalf in the event that such an injury may occur to my child. In the event of accident or injury, when parent, legal guardian or emergency contact are not available, I give my permission to FLIPS Gym & Cheer Center, Sharon's Studio of Dance and GymTikes to procure medical attention.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
Date \_\_\_\_\_

NOTE: If someone other than yourself accompanies your child to class they need to sign under additional participants signature.

By signing this I understand that even though I am not taking gymnastics and/or dance lessons and will not be on the equipment, I may injure myself being in the gym or dance studios. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at FLIPS Gym & Cheer Center, Sharon's Studio of Dance or GymTikes. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries or even death. This not only includes the gym and dance studios but the surrounding waiting areas.

X \_\_\_\_\_  
PARENT'S SIGNATURE \_\_\_\_\_  
Date \_\_\_\_\_

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

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

Did you complete all the areas on both sides of this form? Thank-you!

