

Sanford Academy of Gymnastics & Cheer LLC

Sanford Academy Registration and Consent Form

Parent(s) Name: _____

Mom's Employer: _____

Dad's Employer: _____

Child's Name: _____

Birthday: _____

USAG# (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____

Alt Phone: _____

Email: _____

Health Insurance Policy#: _____

How Did You Hear About Us: _____

Class Selection:

Day: M T W T F S S

Time: _____

Class: _____

Class Amount \$ _____

Automatic Draft on File YES / NO

Month to Month: Add \$10.00

Registration: \$ 30.00

Total: _____

I hereby authorize the staff at Sanford Academy to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive any and all claims for personal injury, illness, and/or property damage that I may have against Sanford Academy and its directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with Sanford Academy. I understand that participation in gymnastics, cheerleading, dance, tumble, martial-arts and any other gym activity that involves motion, rotation, and/or height carries with it the risk of injury. I understand that all medical expenses incurred will be the responsibility of the student or the student's family. In lieu of any medical certification signed by a medical doctor, I state that I have no knowledge of any physical injuries or impairment that would be affected by the named student's participation in any program at Sanford Academy.

I also expressly grant Sanford Academy or any approved third party of Sanford Academy, the right to film, videotape, photograph, or record my child. I give Sanford Academy irrevocable right to use, display, digitally enhance and/or alter in any manor the film, videotape, photograph, or record of my child and use in any promotional activities to include but not limited to broadcast, television, cable, radio, motion picture, video tape, website, DVD, CD, or any published articles.

I understand that jewelry is not to be worn during any class or practice while at Sanford Academy. I also understand that if asked to remove jewelry, I will be responsible for the security of that/those item(s).

Sanford Academy is not responsible for items lost, stolen, or damaged.

A 30 DAY WRITTEN NOTICE IS REQUIRED FOR WIDRAWAL FROM ALL CLASS PROGRAMS

Parent or Guardian (Signature) _____ Date: _____

Witnessed By: _____ Date: _____

Received Rules and Regulations _____ Initial

Sanford Academy 2731 Lee Avenue Sanford, NC 27332

Phone: (919) 776-GYM1 (1496) Fax (919) 776-0744 Email: sanfordgym@yahoo.com