

(OFFICE USE ONLY REGISTRATION DATE_____/____/____)

Sunburst Gymnastics Academy
7903 Mainland Drive
San Antonio, TX 78250
(210) 680-0944

STUDENT NAME: _____ BIRTHDAY __/__/__

AGE: _____

ADDRESS: _____

ZIP CODE: _____

HOME PHONE: (____) _____

MOTHER'S NAME: _____

CELL PHONE: (____) _____

EMAIL: _____

FATHER'S NAME: _____

CELL PHONE: (____) _____

EMAIL: _____

MEDICAL INSURANCE

COMPANY: _____

HEALTH PROBLEMS OR LIMITATIONS:

CONSENT WAIVER: I, the undersigned parent or guardian of the above named student, do hereby grant authority to the staff of Sunburst Gymnastics Academy to render a judgment concerning medical assistance in the event of an accident or illness during my absence.

Initial: _____

LIABILITY WAIVER: I, the undersigned parent or guardian of the above

named student, hold Sunburst Gymnastics Academy, its instructors, teachers, coaches, and staff harmless for any injuries arising out of participation in any and all classes, meets, activities or away from the school. **WARNING:** By the very nature of the activity, gymnastics, tumbling, parkour, and cheerleading carries a risk of physical injury. No matter how careful the gymnast and coach and staff are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, and head. Students, siblings, parents, and guests must be covered by their own medical insurance.

Parent/Guardian Signature: _____ Date:

__/__/____

All fees are not refundable and no credit will be given. I have read all the payment information and understand that late payments are subject to a late payment fee.

Initial: _____

Effective 7/1/2011

Sunburst Gymnastics Academy requires a 30-day written notice of intention to stop attending classes. All notices must be written and delivered to the office staff at least 30 days prior to the intended cancellation.

Initial: _____