

2010
SOUTHERN STATES GYMNASTICS

4546 Research Park Blvd.
Huntsville, AL 35806
(256) 837-7395 Office
(256) 837-2117 Fax

CLASS: _____

DAY: _____

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
ADDRESS		HOME PHONE	
CITY	STATE	ZIPCODE	
MOTHER	EMPLOYED AT	WORK PHONE	CELL PHONE
FATHER	EMPLOYED AT	WORKPHONE	CELL PHONE
EMAIL ADDRESS			USA #(OFFICE USE ONLY)

EMERGENCY NUMBERS (SOMEONE OTHER THAN PARENTS)

NAME	RELATIONSHIP TO STUDENT	PHONE
PHYSICIAN'S NAME/PHONE		
INSURANCE COMPANY/PHONE		
ANY MEDICAL CONDITION WE NEED TO BE AWARE OF		

WAIVER OF LIABILITY

We, the staff of **SOUTHERN STATES GYMNASTICS** recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling and Cheerleading can be dangerous and can lead to injury!

SOUTHERN STATES GYMNASTICS, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of any exhibition, competition, or clinic in which he or she may participate or while travelling to or from the event. This agreement made between **SOUTHERN STATES GYMNASTICS AND** (parent/guardian) _____, parent or guardian of (gymnast) _____ in which said parent/guardian agrees to hold **SOUTHERN STATES GYMNASTICS AND ANY AND ALL OF ITS EMPLOYEES, REPRESENTATIVES, OWNERS, OR OTHERWISE**, free of any and all liability for any injuries which may occur during the child's performance, training education, or association with, and for, **SOUTHERN STATES GYMNASTICS**. I have received and read the **MEMBERSHIP RULES AND POLICIES** for **SOUTHERN STATES GYMNASTICS** to my child and we fully understand that we must follow **ALL** rules and policies while participating in any and all **SOUTHERN STATES GYMNASTICS** activities.

PARENT/GUARDIAN
SIGNATURE _____

DATE _____