

## Event Sign-Up Form

Please circle which event (s) your child will be attending. Complete the information requested. Attach your payment to the form and place in the tuition box.

Child's Name \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Emerg.# \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Event Date \_\_\_\_\_ Check#/Amount \_\_\_\_\_

<u>EVENT</u>	<u>COST</u>	<u>AMT. DUE</u>
Parent's Night Out *	\$20.00/child	\$ _____
* \$10 fee charged if child is not picked up by 10:30pm + additional \$1 per minute after 10:45.		
Open Gym	\$5.00/child (make-ups are free)	\$ _____
Back Handspring Clinic	\$20.00/child	\$ _____
Cartwheel Clinic	\$15.00/child	\$ _____
Parent's Day Out	\$25.00/child	\$ _____

### WAIVER & WARNING

I, the undersigned parent/guardian of the student listed above, do hereby grant the authority to the staff of Harpeth School of Gymnastics to render judgment concerning medical assistance in the event of an accident, injury, or illness. I further authorize simple first aid, and medical or surgical diagnosis and treatment which may be deemed necessary. By the very nature of the sport of gymnastics, parent's night outs and other sporting activities carry a risk of physical injury. Regardless how careful the student and coach are, how many spotters are used, what height is used, or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bumps and bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. I hereby waive and hold harmless any and all Harpeth School of Gymnastics staff and any other staff working in conjunction with Harpeth School of Gymnastics. I have read and understand the risks involved in my child's/ward's participation at Harpeth School of Gymnastics.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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Date