

**EDGE II GYMNASTICS  
RIVERSIDE/SMITHVILLE  
REGISTRATION FORM**

Student (1) Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Student (2) Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Student (3) Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Student(s) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION: PLEASE ***PRINT*** CLEARLY**

Name of person responsible for all payments : \_\_\_\_\_

Childs Mother: \_\_\_\_\_

Address: (if different than athlete address) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_  
(must **PRINT** clearly)

Childs Father: \_\_\_\_\_

Address: (if different than athlete address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_  
(must **PRINT** clearly)

X \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of Parent/Guardian of minor child)

X \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(signature of Participant 18 years and older)

\*\*\*NOTE\*\*\* There is an annual registration fee of \$45 per child or \$80.00 per family, renewable every Fall Session. At least 3 – 5 students (depending on the class type) are needed to keep a class open.  
*Missed Classes cannot be used as a credit towards tuition.*

# EDGE II GYMNASTICS

## Release of Liability Waiver

### Name of child and/or participant

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I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs and/or activities as well as any and all community infectious diseases including influenza, Covid19 and any other illness. I (we) knowingly and willingly assume any and all risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches and other staff members of EDGE II GYMNASTICS, from personal injury or accident of any sort or nature suffered by me, (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of EDGE II GYMNASTICS.

This release and all above statements includes parents/guardians, siblings, guest that might be in the gym or at EDGE II GYMNASTICS activities and releases EDGE II GYMNASTICS of any and all liabilities. **Initial** \_\_\_\_\_

**Parent/Guardian Signature of Minor Child:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Participant 18 years and older:** \_\_\_\_\_ **Date** \_\_\_\_\_

### MINOR RELEASE

I, the undersigned minors parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, release from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes claim against any of the releases named above, I will indemnify, save and hold harmless each of the releases from any litigations expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

\_\_\_\_\_  
**Parent / Guardian Signature of Minor Child** **Date**

\_\_\_\_\_  
**Participant Signature (if over 18)** **Date**

My Child or myself (if 18 and older), \_\_\_\_\_  
does not currently suffer from **fever, cough, shortness of breath or any other flu-like symptoms.**

X \_\_\_\_\_  
**Signature of Parent/Guardian of Minor Child** **Date**

X \_\_\_\_\_  
**Participant Signature (if over 18)** **Date**

**\*\*\*\*\*PHOTO / VIDEO RELEASE WAIVER\*\*\*\*\***

I, the undersigned minor's parent and/or legal guardian give EDGE Gymnastics permission to use photographs and videos taken by EDGE Gymnastics and its staff members taken during class and/or special events.

\_\_\_\_\_ I give my permission  
Initial

\_\_\_\_\_ I do not give my permission  
Initial

\_\_\_\_\_ Date \_\_\_\_\_  
**Parent / Guardian Signature of Minor Child**

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of Participant (18 years and older)**