

**APPLICATION FOR MEMBERSHIP
TO WORLD CLASS GYMNASTICS CENTER, INC.**

Student's Name: _____ Date of Birth: _____

Parent's Name: _____ Email Address: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (Other than Parent) Name: _____ Phone: _____

How did you hear about us? Phone Book: _____ Friend: _____ Internet: _____ Advertisement: _____ Other: _____

Has student been treated for any symptoms, accidents, or disease, within the past 5 years? (Yes) / (No)

Is student required to take any regular medication? (Yes) / (No)

Does the student have any impairment that would limit any physical movement? (Yes) / (No)

If you answered "yes" to any of the questions above, please explain. Continue on back if need.

In CONSIDERATION of membership in World Class Gymnastics Center, Inc. hereinafter referred to as WCGC and being allowed to participate in WCGC events and/or member club activities, the parents(s) and/or legal guardian(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any WCGC and/or member club activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USAG Gymnastics Safety Guidelines.
3. I/we fully understand and will instruct the minor participant that
 - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
 - c. These risk and dangers may be caused by the negligence of the participant or the negligence of others.
 - d. There may be other risks not known to us, or are not reasonably foreseeable at this time.
4. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death; however caused or alleged to be caused in whole or in part by the negligence of WCGC events, hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the WCGC and/or its member clubs.

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

PARENT OR GUARDIAN SIGNATURE/RELATIONSHIP

Date:

**Thank you for agreeing to allow W.C. to use your child's photo in our marketing efforts. We appreciate your willingness to support our business and services by agreeing to make your child's pictures public.

I parent/guardian of agree to allow W.C. to use my child's photograph in its marketing materials (both paper and electronic).

PARENT OR GUARDIAN SIGNATURE

Date