

# 4 Star Tennis, Inc.

30 Milestone Terrace, Williamsport, MD 21795

(301) 223-6116 ★ 4stargym.com

## Registration & Consent Release

This Form must be completed and signed before your child may participate in any gymnastics activities at 4 Star Tennis, Inc.

Student's Name:			
Home Address:			
Birth Date (mm/dd/yyyy):	Age:	Sex(Circle): Female Male	
Parent/Guardian (1):	Home Phone #:		
Parent/Guardian (2):	Home Phone #:		
Email Contact:			
Emergency Contact:		Phone Number:	
<b>Please list any existing medical problems:</b>			
Primary Care Physician:		Physician Phone Number:	
<b>Class Information:</b>	Class Name:	Class Day:	Class Time:

*Please read before signing below.*

### Acknowledgement of Risk and Waiver of Liability:

I hereby give my permission for my child to participate in gymnastics activity at 4 Star Tennis, Inc. I understand that there is a risk of serious injury involved with participating in gymnastics or any activity. I understand that safety rules will be explained and in effect at all times. There will be constant supervision of the participation. If my child and/or I are unruly or not following the rules, we will be asked to sit down and will not be allowed to participate. If that does not work, we will be expected to vacate the premises immediately.

I acknowledge that by participating in gymnastics activities and/or by moving around in the gym with equipment and possible uneven surface, there is a risk for injury. I acknowledge that I accept the risk and waive the option to sue, should I, or any minor for whom I am responsible for, incur an injury. By waiving the option to sue, I also hereby release 4 Star Tennis, Inc., and its agents and employees from liability for such injuries. I also give 4 Star Tennis, Inc. the right to use any pictures taken at the facility of my child to be used for promotional purposes.

### Medical Release:

As parents or guardians, I understand that all participants and students are expected to carry their own Accident and/or Medical Insurance. 4 Star Tennis, Inc. will not be responsible for the payment of medical expenses regardless of the cause. Coaches and teachers are safety certified and follow proper safety procedures. In the event of injury or illness, every effort will be made to contact the parents or guardians. If necessary, I authorize the 4 Star Tennis, Inc. to administer first aid and/or authorize medical treatment if it is needed. My child has had a medical exam in the last 12 months and is, in my opinion, capable of participating in the sport of gymnastics.

We, the undersigned parents or guardians, agree to the above Acknowledgement of Risk and Waiver of Liability and Medical Release and to adhere by all Birthday Party Rules supplied by 4 Star Tennis, Inc.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_