



INTEGRITY ATHLETICS

Registration Form

for office use only

trial _____
field trip _____
open gym _____

Student's Name _____ Age/Birthdate _____

Student's Address: _____ City: _____ State/Zip _____

Telephone Number: _____ Email Address: _____

Father's Name: _____ Work: _____ Cell: _____

Mother's Name: _____ Work: _____ Cell: _____

RELEASE AGREEMENT: The coaches and instructors of the Integrity Athletics, LLC programs are safety conscious and follow safety procedures as prescribed by USA Gymnastics. I (parent/guardian) understand that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and I intending to be legally bound, waive and release Integrity Athletics LLC, its officers, directors, shareholders, employees, contractors and volunteers of any and all responsibility for any injury or illness. In the event of an injury, every effort will be made to contact parents or guardians. If necessary, I authorize the staff of Integrity Athletics LLC to administer any minor first aid and/or authorize medical treatment. The above named student has had a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics, tumbling, trampoline, dance, cheerleading and martial arts. This agreement extends to my heirs or executors who may not act on my behalf. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Integrity publicity or advertising.

Signature of Parent/Guardian: _____ Date: _____

In case of Emergency and a Parent/Guardian cannot be reached, please call:

Name: _____ Phone: _____

How did you hear about us? _____



INTEGRITY ATHLETICS

Registration Form

for office use only

trial _____
field trip _____
open gym _____

Student's Name _____ Age/Birthdate _____

Student's Address: _____ City: _____ State/Zip _____

Telephone Number: _____ Email Address: _____

Father's Name: _____ Work: _____ Cell: _____

Mother's Name: _____ Work: _____ Cell: _____

RELEASE AGREEMENT: The coaches and instructors of the Integrity Athletics, LLC programs are safety conscious and follow safety procedures as prescribed by USA Gymnastics. I (parent/guardian) understand that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and I intending to be legally bound, waive and release Integrity Athletics LLC, its officers, directors, shareholders, employees, contractors and volunteers of any and all responsibility for any injury or illness. In the event of an injury, every effort will be made to contact parents or guardians. If necessary, I authorize the staff of Integrity Athletics LLC to administer any minor first aid and/or authorize medical treatment. The above named student has had a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics, tumbling, trampoline, dance, cheerleading and martial arts. This agreement extends to my heirs or executors who may not act on my behalf. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Integrity publicity or advertising.

Signature of Parent/Guardian: _____ Date: _____

In case of Emergency and a Parent/Guardian cannot be reached, please call:

Name: _____ Phone: _____

How did you hear about us? _____