



Willow Tree Gymnastics

1605 Ligonier Street
Latrobe PA 15650

4049 Route 51 South
Belle Vernon PA 15012

Phone: 724-539-0899

www.wtgymnastics.com

willowtreegymnastics@gmail.com

\$30 Registration Paid (month/year)	
Gym Location (circle)	LAT MV

REGISTRATION FORM

Student's Name _____ Age _____ Birthday _____

Street _____ City _____ Zip _____

Email(s) _____

Home Phone _____ Mobile #(s) _____

Mother's Name _____ Father's Name _____

Person to contact in an emergency if Mother or Dad cannot be located:

Name	Relationship to Student	Phone number
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List any physical or medical history, including allergies, we should know about:

Is the student allergic to latex? _____ Health Insurance*: _____

*Health Insurance must be in place for the student. Please INDICATE PARENT/GUARANTOR, NAME OF INSURANCE, GROUP #.

CLASS CHOICE

(INDICATE DESIRED DAY AND TIME)

Gymnastics _____ Tumbling _____

Preschool _____ Boys _____

Privates _____ Cheer _____

Trying a free class _____

APPRECIATION OF RISK: Participation in gymnastic/tumbling/parkour/cheerleading activities involves motion, rotation, and height in a unique environment and as such carries with it a reasonable assumption of risk.

WARNING: Catastrophic injury, paralysis, and even death can result from improper conduct of the activity. Appreciate this WARNING as well as the fact that, even under the best conditions, participation in cheerleading/gymnastics activities involve inherent risk on the part of the performer. This is to certify that the undersigned have carefully read and understand the above warning statements. In addition, the undersigned further certify that the inherent risks of participation are adequately appreciated and that said participation is done on a strictly voluntary basis. I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat my child as conditions warrant.

PHOTO/VIDEO RELEASE: I hereby authorize Willow Tree Gymnastics Academy to publish photographs and/or video recordings taken of the above named registered student (undersigned minor child), and their name, for use in any Willow Tree Gymnastics Academy printed publications, social media (i.e.: facebook, instagram, twitter) and website. I release Willow Tree Gymnastics Academy from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Willow Tree Gymnastics Academy to use their photographs, video recordings and names. I acknowledge that since participation in publications, social media and website produced by Willow Tree Gymnastics Academy confers no rights of ownership whatsoever. I release Willow Tree Gymnastics Academy, its owners and contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor child.

WAIVER: In consideration of my signing this agreement, I hereby for heirs, administrators, and myself assume any and all risks which may occur by my/my child's participation in activities at Willow Tree Gymnastics Academy. I waive and release any and all rights and claims for any and all injuries or damages connected with Willow Tree Gymnastics Academy.

Signature _____

(Parent / Legal Guardian)

Date _____