

Carolina Gymnastics Center
www.carolinagymnastics.com
Birthday Party Registration Form

Participant Information

Participant's Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Participant's Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Participant's Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Emergency Phone: _____ Cell Phone: _____
Mother's Name: _____ W Phone: _____
Father's Name: _____ W Phone: _____
Email address: _____ May we communicate with you via email? Yes ___ No ___

Place and/or number where you can be reached during this event: _____

Event Information:

Name of Birthday Child having the party: _____

Date of party: _____ Time: _____

This form must be completed, signed & returned at the beginning of the party for your child to participate.

Dual Release of Liability Waiver

Name of child participant (if under 18): _____

Name of adult participant (if applicable): _____

Name of parent or guardian: _____

I, we, despite **all precautions, maintenance, training etc.** 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 or activities. I (we) knowingly and willingly assume all such 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 owner, operators, coaches and other members of Carolina Gymnastics Center (the releasees) 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 Carolina Gymnastics Ctr.

Minor Release

I, the minor's 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, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including unsuccessful or ill-fated rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent or Guardian

Date:

Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency **Signed**
medical treatment to my child, should sickness or accident occur in my absence. _____

**Carolina Gymnastics Center, Inc. 437 Rabon Rd, Columbia, SC 29223
(803) 788-2808**