

**HASTINGS GYMNASTICS CENTER
MEMBERSHIP**

STUDENT NAME: _____

PARENTS NAME: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ **AGE** _____

NAME OF CLASS INTERESTED IN: _____

DAY & TIME OF CLASS INTERESTED IN: _____

WHEN DO YOU WANT TO START? _____

RELEASE FORM

NAME: _____ **PARENTS** _____ **TELEPHONE** _____

AUTHORIZATION OF MEDICAL CARE – In case of illness or injury while at the Hastings Gymnastics Center, Inc., in case a parent cannot be reached, the staff of Hastings Gymnastics Center, Inc., may authorize medical care and treatment and/or ambulance transportation for the above named participant.

CONSENT OF PARTICIPATION – I understand that gymnastics, like any other situation involving height and movement, involves risks and dangers including, but not limited to, those of bodily injury, partial and/or total disability, paralysis, and death. I/we accept and assume such risks and responsibility for the losses and/or dangers following such injury, disability, paralysis, or death, however causes or alleged to be caused in whole or in part by the negligence of Hastings Gymnastics Center, Inc., event 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. I/we agree that this Consent of Participation covers each and every event or activity sponsored by Hastings Gymnastics Center, Inc. This student has no problems that might compromise his or her safe involvement.

Parent, Legal Guardian or Adult Participant:

Date:

Comments:

**Please mail or fax to: Hastings Gymnastics Center
2628 Millard Ave.
Hastings, MN 55033**

**Telephone # (651)437-8883
Fax # (651)437-2413
Email lawlb251@msn.com**