



Member Registration

Date ____/____/____

Student Information

Please Print Clearly

Birthdate _____ Gender _____

Last Name: _____ First Name: _____ / / **M F**

Last Name: _____ First Name: _____ / / **M F**

Last Name: _____ First Name: _____ / / **M F**

Mothers Name: _____ (First) _____ (Last) Fathers Name: _____ (First) _____ (Last)

Mothers Cell: _____ Home Phone: _____ Fathers Cell: _____

Address: _____ City: _____ Zip Code : _____

E-Mail: _____

Alternate Emergency Contact: _____ Phone: _____ Relationship to Student: _____

Office Use Only

Membership Paid: ____/____/____ Receipt #: _____ Initial: _____



52057 Sierra Dr. Chesterfield MI 48047

Waiver and Release: As parent, legal guardian, or responsible adult for the participants listed on this form, I give my consent for him/her/them to participate in activities at, or sponsored by, American Gymnastics and waive all claims for property damage and personal injury, including severe injury and wrongful death against American Gymnastics Institute Inc., including its officers, agents and employees. I fully understand the inherent risk of gymnastics and related activities and agree to assume those risks for all injuries to myself, my guests, my children and my children's guests, and agree to indemnify and hold harmless American Gymnastics Institute Inc., its officers, agents and employees from any and all liability, claims, suits, losses, costs and legal fees caused by, arising out of, or resulting from any inherent risk, negligent act, or omission.

Media Release: I understand that promotional photographs or videos of my child may be taken from time-to-time and release the right to use those images for business purposes to American Gymnastics Institute Inc.

Parent and/or Guardian Signature

I have read and understand
the A.G.I. Refund Policy Initial: _____

Parent and/or Guardian Name (Please Print)

Date