



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 : _____

Mother E-Mail: _____ Father E-Mail: _____

Medical Conditions: (allergies, asthma, etc) _____

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

Office Use Only

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



52057 Sierra Dr Chesterfield, MI 48047

Waiver and Assumption of Risk

Please read carefully and sign the waiver form. Participation is not allowed until the waiver is signed. I (we) despite all reasonable precautions implemented for safety, am (are) aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, exposure for contraction of any communicable diseases, and even death, as well as other damages and losses associated with participation in the programs or activities at American Gymnastics. 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 owners of American Gymnastics, operators, coaches, and members, as well as the landlord and/or building owner from personal injury or accident of any nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons, practices, or any programs or activities of American Gymnastics. 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 releases from all liability claims, demands, losses or damages on the minor's account cause or alleged to be caused, in whole or in part by negligent 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 releases named above, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my children's participation I hereby grant my permission for my child's likeness to be used in American Gymnastics publicity or advertising. We have read the foregoing and understand that its terms include my/our consent and my/our agreement to take certain actions, to assume certain responsibilities, and to release American Gymnastics from certain liabilities. We sign it voluntarily with full knowledge of its significance.

Concussion Law: I have been provided with the Michigan Concussion Information Sheet. Initial: _____

Parent and/or Guardian Signature

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