

Western Gateway Heritage Park
115 State Street, Building #4
North Adams, MA 01247
www.geminigymnasticsllc.com



Phone: (413) 664-9000
info@geminigymnasticsllc.com

Registration Form

Participant's name: _____

Male Female Age: _____ Date of birth: Month _____ Day _____ Year _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____ - _____ - _____) Email: _____ @ _____

Mother's Name: _____ Cell Phone: (_____ - _____ - _____)

Work Phone: (_____ - _____ - _____) Email: _____ @ _____

Father's Name: _____ Cell Phone: (_____ - _____ - _____)

Work Phone: (_____ - _____ - _____) Email: _____ @ _____

Legal Guardian's Name: _____ Phone: (_____ - _____ - _____)

Work Phone: (_____ - _____ - _____) Email: _____ @ _____

Emergency Contact: _____

Phone: (_____ - _____ - _____) Relationship: _____

Are there any medical conditions we should be aware of? Yes No If yes, please explain. _____

Physician's Name: _____ Phone: (_____ - _____ - _____)

May we use the gymnast's photo for promotional purposes (i.e. web site, brochures, advertisements)? Yes No

Eligibility to participate in class at Gemini Gymnastics, LLC requires a completed gymnast registration form with release of liability, a consent to treatment and either a payment plan or full tuition on or before the first day of class.

If gymnast is not yet 18 years old, at least one parent or legal guardian of such person also must sign. We verify that the information provided above is correct.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____ Session _____

Signature of Parent/Guardian _____ Date _____ Session _____

Signature of Parent/Guardian _____ Date _____ Session _____

LIABILITY RELEASE AND INDEMNIFICATION: Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of Participant: _____ (the "gymnast") DOB _____

Address: _____

Home phone: (_____ - _____ - _____) Alternate phone: (_____ - _____ - _____)

Parent/guardian name (print): _____

Other parent/guardian name (print): _____

In consideration of Gemini Gymnastics, LLC allowing the gymnast to participate in sports activity, class, competition, team, performances including non-gymnastics activities such as dance, cheerleading, parades and fundraising activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

(1) Acknowledgement and Assumption of Risks. I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the gymnast's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost and damages that may result from the Activity. I hereby give my approval of and consent to the gymnast's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.

(2) Representation of Ability to Participate. I understand the nature of the Activity, and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. If any question arises about a child's ability to participate, Parent agrees to see advice from a doctor, as Gemini Gymnastics, LLC cannot provide medical advice.

(3) Release. I hereby release, acquit, covenant not to sue, and forever discharge Gemini Gymnastics, LLC, it's owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors or any facilities within which the Activity is conducted, their respective agents and employees and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast's participation in the Activity and the transportation of the above named gymnast to and from the Activity (collectively the "Released Claims").

(4) Indemnification. I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in this document, arising out of or connected in any way with any of the Released Claims.

I have read the Policies and Procedures for parents, spectators and participants in the Activity and/or the Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE AND INDEMNIFICATION. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____ Session _____

Signature of Parent/Guardian _____ Date _____ Session _____

Gemini Gymnastics, LLC

Consent to Treatment Form

Prior to participation, this form must be signed by at least one of the participant's parents or legal guardian if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Participant name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____-_____-_____) Cell Phone: (_____-_____-_____)

Parent/Guardian names (print): _____

In consideration of Gemini Gymnastics, LLC allowing this individual to participate in sports activity, class, competition, team, performances, including non-gymnastics activities, such as parades and fundraising activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians).

I authorize Gemini Gymnastics, LLC to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require, such assistance, transportation or services as a result of injury or damage related to participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

The parent or guardian's phone number is as follows (_____-_____-_____).

Please provide the following information regarding the participant:

Participant's personal physician: _____

Doctor's address: _____

Doctor's phone: (_____-_____-_____)

Participant's medications: _____

Participant's allergies: _____

Participant's significant medical history: _____

Primary medical insurance carrier/policy #: _____

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for the participant's protection. This consent shall remain effective until one year from the date below unless sooner revoked in writing and delivered to Gemini Gymnastics, LLC.

I have read and understood this consent to treatment and am executing this document voluntarily and with full knowledge of its significance.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____ Session _____

Signature of Parent/Guardian _____ Date _____ Session _____

Signature of Parent/Guardian _____ Date _____ Session _____

Gemini Gymnastics, LLC

Physical Activity Readiness Questionnaire (PAR-Q)

It is recommended that athletes and/or parents of the athletes (if athlete is under 18 years of age) complete the PAR-Q prior to participation in gymnastics. Please check yes or no after each question. If any of the following questions are answered "Yes," the athlete should be referred to a physician for further evaluation prior to participation.

Participant's name: _____ Date: _____

1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?
Yes No
2. Do you have chest pain brought on by physical activity? Yes No
3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes No
4. Has a doctor ever recommended medication for your blood pressure, heart condition or other disorder that could influence your ability to perform gymnastics? Yes No
5. Do you have a bone or joint problem that could be aggravated by gymnastics? Yes No
6. Have you developed chest pain within the past month? Yes No
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without supervision? Yes No
If so, please explain: _____
8. Have you ever had a neck injury, head injury or concussion? Yes No
9. Are you currently or recently recovering from a significant illness (flu, mononucleosis, pneumonia, etc.)?
Yes No
10. Do you have a convulsive disorder? Yes No
11. Do you have uncontrolled asthma? Yes No
12. Do you have an infectious skin disorder? Yes No
13. Do you have a history of a liver disorder, spleen disorder, kidney disorder or detached retina? Yes No

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____ Session _____

Signature of Parent/Guardian _____ Date _____ Session _____

Signature of Parent/Guardian _____ Date _____ Session _____