

Demaray's Gymnastic Academy Registration & Membership Form

Student Name _____ Date of Birth _____ Current Age _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____ Work Phone# _____

Cell# _____ Email _____

Emergency Phone # _____ Emergency Contact Person _____

Parents Names _____

2nd Child Discount (Yes or No) _____

How did you find out about Demaray's? (Please check all that apply)

Friend Newspaper Yellow Pages Attended Birthday Party Walked By
 Internet Other (Please Specify) _____

I have read and understand the Demaray's Gymnastic Academy Policy Statements covered in Demaray's Current Brochure and understand that I am obligated to make payment on the class tuition and fees until such time that I notify Demaray's a minimum of 2 days prior to beginning of the next month to terminate enrollment. I agree to assume responsibility for tuition payment for each month that non-conforming or no notice to terminate enrollment was given. I understand that there are no refunds on class tuition or registration fees should I decide not to continue with enrollment at Demaray's Gymnastic Academy. I understand Demaray's late fee's policies outlined in brochure. I also state that I carry medical insurance covering the child/student enrolled in Demaray's Gymnastic Academy programs.

Signature of Parent or Legal Guardian

Date

Demaray's Gymnastic Academy, 40511 Albrae St., Fremont, CA 94538, Phone: 510-661-0576

Do Not Write In This Space – For Office Use Only

Registration Entered In Membership _____

Enrollment Information

Monthly Tuition Amount _____

Free Trial Date _____

Class Level _____

Free Trial Day _____

Class Day _____

Free Trial Time _____

Class Time _____

Free Trial Level _____

Logged on Current Roll _____

**Demaray's Gymnastic Academy
Medical Information Form
And Authorization For Treatment Of A Minor**

Student Name _____ Date of Birth _____ Sex (M)___ (F)___

Father's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

Email _____

Allergies: Yes___ No ___ Current Medication _____

What is this medication for _____

Are there any problems / medical needs that our staff should be aware of? Please be specific.

I hereby authorize any Demaray's Gymnastic Academy representative to act for me according to their best judgement in any emergency requiring medical attention for my child. I also agree that I will be liable for any costs incurred for any and all medical treatment or services required in case of any emergency requiring medical attention for my child.

Signature of Parent or Legal Guardian

Date

Demaray's Gymnastic Academy, 40511 Albrae St., Fremont, CA 94538, Phone: 510-661-0576

**Demaray's Gymnastic Academy
Release and Waiver of Liability
Assumption of Risk and Indemnity Agreement**

Please Read Carefully:

This form is intended to release Demaray's Gymnastic Academy from all liability for any injury that may occur as a result of any activity that may take place at the premises of Demaray's Gymnastic Academy or in any other location while participating in any activity, gymnastic or otherwise, associated with Demaray's Gymnastic Academy, including, but not limited to, classes, free trials, competitive meets, exhibitions, field trips, birthday parties and any other special event.

This form is also intended to inform you that you are assuming all risk for any injury that may occur as a result of any activity that may take place at the premises of Demaray's Gymnastic Academy or in any other location while participating in any activity, gymnastic or otherwise, associated with Demaray's Gymnastic Academy, including, but not limited to, classes, free trials, competitive meets, exhibitions, field trips, birthday parties and any other special event.

Gymnast or participant, and, if gymnast is a minor, the undersigned parent or guardian, in attending and using this facility voluntarily and with full knowledge thereof assumes all of those risks which are inherent in any exercise of gymnastic activity. In particular, the gymnast or participant, and if a minor, the undersigned parent or guardian, understands the risks and dangers present with gymnastic activities involving such equipment as the floor exercise, the vault, the uneven bars, the parallel bars, the high bar, the still rings, the beam, the pommel horse, the trampoline, the foam pit and other related gymnastic apparatus. Gymnast or participant, and if a minor, the undersigned parent or guardian, also acknowledges the fact that Demaray's Gymnastic Academy is not an insurer against injury and that Demaray's Gymnastic Academy offers its services to gymnasts or participants at a cost which reflects the fact that Demaray's Gymnastic Academy will not and can not be monetarily responsible for personal injuries which may occur to the gymnast or participant while on the premises of Demaray's Gymnastic Academy. In consideration of this, the undersigned gymnast or participant, and if a minor, the undersigned parent or guardian agrees to hold Demaray's Gymnastic Academy harmless from liability for any damages arising as a result of any and all personal injuries sustained by any person participating in any Demaray's Gymnastic Academy activity, whether on or off the premises of Demaray's Gymnastic Academy. Acts covered in this release and waiver of liability include, but are not limited to, the negligence of the academy operator and/or academy owners, employees, and agents or any other individual for whose acts the academy might otherwise be liable; and any defective quality or performance either as to manufacturing or design, of any equipment or facilities used by Demaray's Gymnastic Academy in its business. The undersigned gymnast or participant, and if a minor, the undersigned parent or guardian agrees not to sue Demaray's Gymnastic Academy for any damages arising as a result of any and all personal injuries sustained by any person participating in any Demaray's Gymnastic Academy activity, whether on or off the premises of Demaray's Gymnastic Academy.

By signing below, I, the parent or guardian of minor gymnast or participant, agree that I will instruct the minor gymnast or participant that prior to participating in any activity or event at Demaray's Gymnastic Academy, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the gymnast or participant should immediately advise the coaches or management of Demaray's Gymnastic Academy of such condition and refuse to participate. If I am the gymnast or participant and not a minor, by signing below I certify that I understand and agree that, if at any time, I feel anything to be unsafe, I will immediately advise the coaches or management of Demaray's Gymnastic Academy of such condition, take all precautions to avoid the unsafe area and refuse to participate any further.

By signing below, gymnast or participant, and, if a minor, gymnast's or participant's parent or guardian, acknowledges that they have read and understand all of the above Release and Waiver of Liability and Assumption of Risk and Indemnity Agreement and that by signing below you are releasing Demaray's Gymnastic Academy from liability for injury and that you are assuming all risk for any injury arising from any gymnastic or other activity. Having read and understood all of the above, I, the undersigned, give my permission for my child and/or myself to participate in a Demaray's Gymnastic Academy program, class or other activity associated with Demaray's Gymnastic Academy. I understand that I have given up substantial rights by signing this Release and Waiver of Liability, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Student Name (Please print or type) _____

Parent or Guardian Name (Please print or type) _____

Signature of Parent, Legal Guardian or Participant (if not a minor) Date

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