

Date registration fee paid _____
Welcome Packet Received (please initial) _____

Class(es) _____



Nassau gymNastics Adult Student Information

Name: _____

Birth Date: *Month:* _____ *Day:* _____ *Year:* _____

Occupation: _____

Married _____ Single _____ Male _____ Female _____

Any **Allergies** or **Medical conditions:** Yes No

If yes, please explain: _____

Personal information:

Home (Street) Address: _____

P. O. Box: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

Mobile/Pager Phone: _____ E-mail Address(es) _____

Family Doctor: _____ Doctor's Phone: _____

Who to call in case of an emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ Mobile/Pager Number: _____

Insurance Information:

Name of Insured Person: _____

Insurance Provider: _____

Policy Number: _____ Group Number: _____

PLEASE READ AND SIGN THE REVERSE SIDE

Use of promotional photos and videos:

I give permission to Nassau Nastics to use photos and video material of myself participating in gymnastics/dance/aerobics for promotional purposes.

Signature: _____ **Date:** _____

Nassau Nastics Gymnastics Club Waiver and Release Form

We, the staff of Nassau Nastics recognize our obligation to make our students aware of the risks and hazards associated with the sport of gymnastics. Participation in gymnastics involves motion, rotation, and height in a unique environment and as such carries with it risk of injury. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and lead to injury.

Students should be aware of the possibility of injury and should follow all safety rules and coaches' instruction. The professional staff at Nassau Nastics will provide safety warnings and reinforce safety issues on an ongoing basis during instruction time.

Nassau Nastics Club, its coaches, executive members, and other staff members, whether paid or volunteer, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, competition, or clinic in which he or she may participate or while traveling to and from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to participate in the programmes offered by Nassau Nastics. I waive and release all rights and claims for damages that I may have against the Nassau Nastics Gymnastics Club and or its representatives whether paid or volunteer.

I also affirm that I will assume the responsibility for payment of any medical expenses, which may result from a gymnastic related injury.

I have read and understand the important information regarding the rules governing gymnasts' activities and fee payments and agree to abide by these Nassau Nastics' Policies.

Signature: _____ **Date:** _____

The staff at Nassau Nastics will make every attempt to contact the next of kin in the event of an emergency. I fully understand that Nassau Nastics staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release Nassau Nastics staff to render temporary first aid in the event of any injury or illness, and if deemed necessary by the Nassau Nastics staff to seek medical help, including transportation by a Nassau Nastics staff member or its representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance should the Nassau Nastics staff deem it necessary.

Guardian's Signature: _____ **Date:** _____

Which hospital would you like to be taken to in case of accident or emergency: _____ **Doctors'** _____ **PMH**

Volunteer Commitment

Please read the Information, Rules & Policies for details. Participation is vital to the continuation of Nassau gymNastics

I agree to assist the Club in one or more of the following:

(Please indicate with an "X" in the appropriate area):

- ____ Volunteer time to help during a club event
- ____ Donate food or other needed item for a club event
- ____ Offer transportation to move equipment for a local display
- ____ Assist with scholarship drive in the community
- ____ Assist with fundraising efforts in the community
- ____ Provide a financial donation in lieu of other forms of assistance
- ____ Other (please specify) _____

How did you hear about Nassau Nastics?

Newspaper/Radio Word of Mouth Display Gymfest Other (please specify) _____

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