



GENIE'S GYMNASTICS  
NAPS

**Registration Form**

Name: \_\_\_\_\_ Male/Female. Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency tel.: \_\_\_\_\_

Date of registration: \_\_\_\_\_ Level: \_\_\_\_\_ Class: \_\_\_\_\_

*Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years.*

**Athlete Membership Agreement**

In consideration of my membership in Genie's Gymnastics, and my participation in Genie's Gymnastics classes, events, and activities, I agree to be bound by each of the following:

- 1. Eligibility: I agree to comply with the rules of Genie's Gymnastics.
- 2. Readiness to Participate: I will only participate in those Genie's Gymnastics classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
- 3. Medical Attention: I hereby give my consent to Genie's Gymnastics and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
- 4. Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I further agree that Genie's Gymnastics, and the sponsor of any Genie's Gymnastics event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.

**For any athlete who is not yet 18 years old:** As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Genie's Gymnastics.

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through: \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Signature of Athlete \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_.