



# SPIRALS FOUNDATION FOR GYMNASTICS CLASS REGISTRATION FORM

<b>PERSONAL INFORMATION</b>		
Start Date:	Class:	Days & Times:
Last Name:	First Name:	
Home Telephone:	Street Address:	
City:	Zip Code:	
Emergency Contact:	Emergency Phone #:	
Birth Date:	Age:	
Current School:	Grade:	

<b>FATHER/GUARDIAN</b>	
Last Name:	First Name:
Cell Phone:	Business Telephone:
Father E-mail Address:	

<b>MOTHER/GUARDIAN</b>	
Last Name:	First Name:
Cell Phone:	Business Telephone:
Mother E-mail Address:	

<b>MEDICAL</b>	
Physician Name:	Physician Phone #:
Medical Insurance Carrier:	Full Accident Coverage? Yes___ No___
Medical History <small>List any physical or psychological conditions:</small>	
<p><b>Emergency Medical Release:</b> An authorized representative of Spirals Gymnastics (instructor, coach, director) has my permission to render temporary first aid to my child in the event of any injury or illness. If deemed necessary, Spirals' representative may call our doctor and may seek medical help, including transportation to any health care facility or hospital, by a staff member or its representative, whether paid or volunteer, or calling an ambulance. Spirals' representative may sign for any emergency medical treatment necessary for my child if I cannot be reached at the numbers above.</p>	
Signature:	Date:

<b>Payments</b>		
Registration fee:	Tuition:	Total:

<b>How did you hear about us?</b>					
Friend	School	Theatre	Class Coupon	Internet	Newspaper

# SPIRALS FOUNDATION FOR GYMNASTICS

## RELEASE FORM

All parents/guardians must read and sign!

Name of participant: \_\_\_\_\_

Name of parent/guardian (if participant under 18): \_\_\_\_\_

I, (we) despite all reasonable precautions implemented for safety, am (are) 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 programs or activities. 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 Foundation board, operators, coaches and other members of Spirals Foundation for Gymnastics from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any team programs or activities of Spirals Foundation for Gymnastics.

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**Participant Signature**

**Date**

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**Parent/Guardian Signature (If Participant is under 18)**

**Date**

Minor Release

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**Name of Parent/guardian**

**I, the minor's parent and/or legal guardian, understand the nature of these gymnastics 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 releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the releasees or otherwise, including 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 releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.**

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**Signature of Parent or Guardian**

**Date**



# Waiver of Liability, Assumption of Risk & Indemnity Agreement

RECREATION	SPIRALS GYMNASTICS AT UCSB
Department	Class/Activity

**Waiver:** In consideration of being permitted to participate in any way in SPIRALS FOUNDATION FOR GYMNASTICS, INC. AT UCSB FOR CLASSES, PRACTICES, COMPETITIONS AND ANY ADDITIONAL SPIRALS SPONSORED ACTIVITIES.

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant \_\_\_\_\_ Print Name of Participant \_\_\_\_\_ Date \_\_\_\_\_ Age (if Minor) \_\_\_\_\_

Signature of Parent/Guardian of Participant if Minor \_\_\_\_\_ Print Name of Parent/Guardian of Participant if Minor \_\_\_\_\_ Date \_\_\_\_\_