

Gymnastic World of Naples

**Student Registration Form 2009**

Child's Info.: \_\_\_\_\_ M / F \_\_\_\_\_  
Last Name First Name Date of Birth (Mo/Da/Yr) Age

Parent Info.: \_\_\_\_\_  
Last Name Mom's First Name Dad's First Name

Address: \_\_\_\_\_  
Street City State Zip

Mom: Day Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Dad: Day Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

**Emergency**

Contact (if parents unavailable): \_\_\_\_\_  
First and Last Name Relationship Phone #

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Special Medical**

Conditions/Allergies: \_\_\_\_\_

How did you hear about us? (Circle all that apply) Yellow Pages ♦ Web Site ♦ Birthday Party ♦ Friend  
Parent Child Magazine ♦ Neapolitan Magazine ♦ Other \_\_\_\_\_

E-Mail (for coupons & announcements--Your address will not be shared): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (Please Print)

**Please Read and Sign the Release on the Back of this Form**

**For Office Use Only:**

Free Trial Date: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Enroll Date: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Total Due: \_\_\_\_\_ Paid: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT (“AGREEMENT”)**

**CHILD’S NAME:** \_\_\_\_\_

**In consideration of participating in the Activities of Gymnastics World of Naples, I represent that I understand the nature of this Activity and that my child is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my child’s participation in the Activity.**

**I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child’s actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages my child incurs as a result of my participation in the Activity.**

**I hereby release, discharge, and covenant not to sue Gymnastics World of Naples, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my or my child’s behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.**

**I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.**

**Date:** \_\_\_\_\_

**Printed name of Parent/or Legal Guardian**

\_\_\_\_\_  
**Signature of Parent/or Legal Guardian**

\_\_\_\_\_



" Your Child ... Our Passion "

GYMNASTIC WORLD NAPLES  
2187 TRADE CENTER WAY  
NAPLES, FL 34109  
(239) 592-0608

I, (parent's name, please print) \_\_\_\_\_, **GIVE** Gymnastic World USA, dba Gymnastic World Naples the absolute right and permission to use my children's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet, web site, etc.), or other form of promotion. I release Gymnastic World USA dba Gymnastic World Naples, the photographer, their office, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use and from any and all claims arising out of the use of such photos. I am above the age of 18 and the parent or legal guardian of the below mentioned children. I have read the foregoing document and fully understand its contents.

Name of subject(s)\_\_\_\_\_

Parent's signature for release\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_ Date\_\_\_\_\_

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I DO NOT ALLOW my children's' images to be used in any way by Gymnastic World Naples.

Name of subject(s)\_\_\_\_\_

Parent's signature of Decline\_\_\_\_\_

Parent's printed name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone(\_\_\_\_)\_\_\_\_\_ Date\_\_\_\_\_