

Skymax Gymnastics llc -

Where abilities soar!

16241 Westwoods Business Park
Ellisville, MO 63021
636 227-6949

Trial Class _____ First Class Date _____
Additional info _____
Class Time _____ Monthly Tuition _____

Reg. Fee _____
Class Fee _____
Total _____

How did you hear about Skymax? Referred by: _____
Telephone Book _____ News Paper _____ Mailer _____ Internet _____ Other _____

(Please print)

1 Student's Name: _____ Nick Name: _____ DOB: _____ Class: _____

2 Student's Name: _____ Nick Name: _____ DOB: _____ Class: _____

3 Student's Name: _____ Nick Name: _____ DOB: _____ Class: _____

Home Phone Number: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Work phone: _____ Cell: _____
(Full name)

Mother's Name: _____ Work phone: _____ Cell: _____
(Full name)

Emergency Contact _____ Phone: _____

Doctor's Name: _____	Phone: _____
Insurance carrier : _____	Policy number: _____
Please list any special health or behavior concerns:	

In consideration for my child's participation, I understand and agree to the following:

Parent's initials

1. My child is in good health.

2. Safety is Skymax gymnastics' first priority and we take special measures to make sure that every safety precaution is followed, thereby reducing the chance of injury. It is important to make our students and their parents aware of the risks and hazards associated with the sport of Gymnastics and Tumbling. Students may suffer injuries minor or more serious in nature. In order for my child to be allowed to participate, I hereby release, discharge and/or hold harmless and indemnify, Skymax, its officers, employees and associated personnel, from and against any and all demands, claims and causes of action arising, directly or indirectly, from my child's participation in their programs.

3. I, the undersigned legal guardian, acknowledge, understand, and agree to the terms of this hold harmless contract. I agree to read the tumbling class rules and policies in addition to reviewing them with my participating child/children.

4. I, the undersigned legal guardian, give permission for my child to be photographed or videotaped in Skymax Gymnastics Gym. These pictures may be posted on the gym bulletin boards or business web site. Yes _____ NO _____ may not be photographed.

Parent/Guardian's Printed full name _____

Parent/Guardian's signature _____ Date _____

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