



Birthday Party Registration Form

Gymnastics World of Georgia
7230 McGinnis Ferry Rd, Ste. 100
Suwanee, GA 30024
770-751-9019
www.gymnasticsworldofga.com

No one shall be able to participate in any gymnastics activity without a release form filled out and signed by a parent. We appreciate your understanding of this policy.

Parent/Guardian Information

Mother's Name (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Mother's cell # _____ primary contact Y

Father's cell # _____ primary contact Y

Please choose a primary contact phone number by circling 'Y' (yes)

Address _____

City _____ Zip Code _____

Email _____

Child's Name _____ Gender _____ Birth date ____/____/____

Child's Name _____ Gender _____ Birth date ____/____/____

Child's Name _____ Gender _____ Birth date ____/____/____

Personal Contact information and email policy

Your information, whether public or private, will not be sold, exchanged, transferred, or given to any other company for any reason whatsoever, without your consent, other than for the express purpose of delivering the purchased product or service requested. The email address you provide for order processing, may be used to send you information and updates pertaining to your class, in addition to receiving occasional company news, updates, related product or service information, etc.

State Licensing

This program is not a licensed Child Care Learning Center and is not required to be licensed by the state.

Photo Waiver

Should pictures and/or video be taken during any event, I do hereby give permission for myself or my child/children to be included in picture(s), likeness, image and/or voice in a videotape or publication promoting Gymnastics World of Georgia, LLC. I also understand that I and/or my child/children will not receive any additional compensation for said photos and/or video. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

Release, Waiver of Rights & Assumption of Risk

"I, on behalf of myself and my children ("We"), agree to the following: 1) We understand the possibility of serious injury or death ("Risks") that can occur by participating in the sport of gymnastics ("Sport"); 2) We assume all such Risks of injury to myself or my children; 3) to the maximum extent permitted by law, We waive and release any and all claims for damages arising out of or related to our participation in the Sport; 4) this waiver and release extends to the Company and all of its agents (including all of its instructors, employees, owners and independent contractors)."

Parent/Guardian Signature _____ Date _____