PAYKE ALHAMBRA WAIVER

**STUDENT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1st Child** | | | **2nd Child** | | |
| First Name: |  | | First Name: |  | |
| Last Name: |  | | Last Name: |  | |
| Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_  Sex: \_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_  Sex: \_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Start Month/Year: | | \_\_\_\_ / \_\_\_\_ | Start Month/Year: | | \_\_\_\_ / \_\_\_\_ |

**PARENT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent #1** | | | **Parent #2** | | |
| First Name: | |  | First Name: | |  |
| Last Name: | |  | Last Name: | |  |
| Home Phone: | |  | Home Phone: | |  |
| Cell Phone: | |  | Cell Phone: | |  |
| E-Mail Address | | | | | |
|  | | | | | |
| Address | | | | | |
| Street: |  | | | | |
| City: |  | | Zip Code: |  | |

**Acknowledgment of Risk and Waiver of Liability**

As legal guardian of I hereby consent to the aforementioned person participating in Payke Gymnastics Academy programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics and related activities involving tumbling and trampoline.

I understand that it is the express intent of Payke Gymnastics Academy to provide for the safety and protection of my child and in consideration for allowing my child to use these facilitiesI hereby forever release Payke Gymnastics Academy, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Payke Gymnastics Academy.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at or performing for Payke Gymnastics Academy. We do provide a secondary insurance. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

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|  |  |  |
| **Parent/Legal Guardian Signature** |  | **Date** |

**Permission to Treat (Optional)**

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

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| **Parent/Legal Guardian Signature** |  | **Date** |