



SOUTHERN STATES GYMNASTICS



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CLASS: _____ DAY: _____ TIME: _____

LAST NAME		FIRST NAME		D.O.B.	
ADDRESS			HOME PHONE		
CITY		STATE		ZIP CODE	
MOTHER	EMPLOYED AT	WORK PHONE		CELL PHONE	
FATHER	EMPLOYED AT	WORK PHONE		CELL PHONE	
E-MAIL ADDRESSES					

EMERGENCY NUMBERS (OTHER THAN PARENTS)

NAME	RELATIONSHIP TO STUDENT	PHONE	ANY MEDICAL CONDITION WE NEED TO BE AWARE OF

WAIVER OF LIABILITY

WE, THE STAFF OF **SOUTHERN STATES GYMNASTICS** RECOGNIZE OUR OBLIGATION TO MAKE OUR STUDENTS AND THEIR PARENTS AWARE OF THE RISKS AND HAZARDS ASSOCIATED WITH THE SPORT OF GYMNASTICS, TUMBLING, CHEERLEADING, AND DANCE. STUDENTS MAY SUFFER INJURIES, POSSIBLY MINOR, SERIOUS, OR CATASTROPHIC IN NATURE. GYMNASTICS, TUMBLING AND CHEERLEADING CAN BE DANGEROUS AND CAN LEAD TO INJURY! **SOUTHERN STATES GYMNASTICS**, ITS COACHES AND OTHER STAFF MEMBERS, WILL NOT ACCEPT RESPONSIBILITY FOR INJURIES SUSTAINED BY ANY STUDENT DURING THE COURSE OF ANY EXHIBITION, COMPETITION, OR CLINIC IN WHICH HE OR SHE MAY PARTICIPATE OR WHILE TRAVELLING TO OR FROM THE EVENT. THIS AGREEMENT MADE BETWEEN **SOUTHERN STATES GYMNASTICS AND (PARENT/GUARDIAN)**, PARENT OR GUARDIAN OF **(GYMNAST)** IN WHICH SAID PARENT/GUARDIAN AGREES TO HOLD **SOUTHERN STATES GYMNASTICS AND ANY AND ALL OF ITS EMPLOYEES, REPRESENTATIVES, OWNERS, OR OTHERWISE**, FREE OF ANY AND ALL LIABILITY FOR ANY INJURIES WHICH MAY OCCUR DURING THE CHILD'S PERFORMANCE, TRAINING EDUCATION, OR ASSOCIATION WITH, AND FOR, **SOUTHERN STATES GYMNASTICS**. I HAVE RECEIVED AND READ THE **MEMBERSHIP RULES AND POLICIES** FOR **SOUTHERN STATES GYMNASTICS** TO MY CHILD AND WE FULLY UNDERSTAND THAT WE MUST FOLLOW **ALL** RULES AND POLICIES WHILE PARTICIPATING IN ANY AND ALL **SOUTHERN STATES GYMNASTICS** ACTIVITIES. *UNLESS YOU ARE NOTIFIED BY OUR OFFICE, TUITION WILL NOT BE PRORATED. EXCEPT IN CASE OF A MEDICAL EMERGENCY, TUITION IS DUE ON OR BEFORE THE 1ST OF THE MONTH, AFTER THE 7TH OF THE MONTH IN WHICH THE TUITION IS DUE, THERE IS A \$25.00 LATE FEE ADDED TO YOUR ACCOUNT. YOU MUST NOTIFY THE FRONT OFFICE IF YOU ARE NOT CONTINUING WITH CLASSES OR TAKING A BREAK FROM SOUTHERN STATES GYMNASTICS. FAILURE TO DO SO WILL RESULT IN A \$15.00 DORMANT ACCOUNT FEE. ALL FEES INCURRED MUST BE PAID IMMEDIATELY.*

PARENT/GUARDIAN SIGNATURE _____ Date _____