

GABC LLC Registration/Waiver Form

Student Information:

Last Name: _____ First: _____ M/F DOB _____ Age _____

Address _____
Street City State Zip
Billing Address Y/N Custodial parent Y/N Billing Address Y/N Custodial parent Y/N

Mothers Name: _____
Address: _____
Town: _____ State: _____ Zip _____
Phone: _____
Cell Phone: _____
Email: _____
<input type="checkbox"/> please use this email as my primary email address

Fathers Name: _____
Address: _____
Town: _____ State: _____ Zip _____
Phone: _____
Cell Phone: _____
Email: _____
<input type="checkbox"/> please use this email as my primary email address

Medical conditions or allergies to which we should be alerted: _____
Please use back if more space is required

Whom may we thank for referring you to us? _____

Acknowledgement of Risk and Waiver of Liability

Please Read Before Signing!

I recognize that potentially severe injuries, including, but not limited to, permanent paralysis or death can occur in sports or activities involving height or motion, including, but not limited to, gymnastics, tumbling, fitness, trampoline, cheerleading, dance, ball sports, swimming and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all GABC LLC programs and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue GABC LLC, its officers, directors, share holders, employees, volunteers and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of GABC LLC.

I understand that if my son/daughter has any physical condition that may impair his/her ability to engage in the activities, it is my responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program. I also understand that GABC LLC retains the rights to use any photographs, videotapes, motion picture recordings or any other record of events for publicity, advertising, or any legitimate purposes.

I fully understand that GABC LLC staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release GABC to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary, by the GABC staff to seek medical help and/or call an ambulance.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold GABC LLC and it's representatives harmless in the execution of such.

I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for GABC LLC.

I acknowledge that I have read and understand the administrative and class policies.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature _____ Date: _____

Medical Insurance Company: _____

GABC LLC

112 Crawley Falls Road * Brentwood * NH * 03833

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