**Participant Registration Form**

Participant Name DOB

Legal Guardian/Relationship Phone

Address City Zip Code

EMAIL ADDRESS:

Allergies, Past/Current Medical Conditions/History

Please list two other (Emergency) Contacts/Relationship with phone numbers

**We will text you the invitation to join REMIND-- Please check this box if you wish to receive this text.**

**Or download the REMIND APP and Text 81010 to BPOMA for updates on classes and weather-related issues.**

**Brandy Marie’s Gymnastics Company** holds safety as the highest priority and facilitates its programs in the safest way possible. Parents/participants should realize that there is an inherent risk of injury while participating in physical programs such as gymnastics. Please note it is also important here at **Brandy Marie’s Gymnastics Company** that all participants follow safety rules and instructions. These rules have been designed to protect them for bodily harm and are placed in program areas.

**Acknowledgment of Risk and Release of Liability:**

Be aware that registering yourself/child/ward for this gymnastics program that you will be acknowledging the risks as well as releasing all claims which you may have on behalf of your child/ward/self from participating at **Brandy Marie’s Gymnastics Company.**

As a Guardian/Parent/Participant in the program, I do acknowledge the risks, which may occur while participating in any of the programs/activities. I also am aware that there are certain risks of injury and agree to assume those risks, which my minor child/ward or I may sustain as a result of participating in any activities associated with the program/facility. I furthermore release all claims, which may arise against, and agree not to sue, **Brandy Marie’s Gymnastics**; owners, employees, and any authorized volunteers, on my behalf or on the behalf of my minor/ward as a result of participating.

I further more agree to indemnify, hold harmless and defend **Brandy Marie’s Gymnastics Company**; its owner, authorized personnel from any and all claims by other parties resulting from injuries, damages, and losses caused by me or my child/ward arising out of, connected with, or in any way associated with the activities associated with **Brandy Marie’s Gymnastics Company** programs.

In case of Medical Emergency, I authorize **Brandy Marie’s Gymnastics Company** Coach Brandy or any other authorized staff to secure from any licensed hospital, physician, and/or medical responders/personnel any treatment deemed necessary for myself/minor/ward’s immediate care and agree I will be responsible for all medical services/costs provided.

\*\*I fully understand the above and was given the opportunity to ask questions.

Participant (Over 18 years old)/Guardian (Print) Date

Signature

**Health Insurance Information:**

Company Name: Group #: Member ID:

***OFFICE USE ONLY***

*Evaluated on (date) By*

*Paid $10 Y/N Group to enter*

*Told about REMIND app Y/N*  *Health Ins. Card on file: Y/N*