



NON-MEMBER REGISTRATION FORM

PARTICIPANT NAME _____ AGE _____
 ADDRESS _____ CITY _____
 ZIP CODE _____ EMAIL ADDRESS _____
 HOME PHONE _____ CELL PHONE _____
 EMERGENCY CONTACT _____ PHONE _____

How did you hear of Flying High?
 _____ Referral-Who referred you? _____
 _____ Flyer _____ Newspaper _____ Website _____ Yellow Pages
 _____ Other(explain) _____

I authorize the Flying High Gymnastics, Inc. director to seek adequate medical aid, in the event that I cannot be reached. My child will be attending Open Gyms at Flying High Gymnastics, Inc. on various dates. I will also allow any pictures taken of my child during an event to be used for Flying High advertising.

My daughter/son is allergic to: _____

Any medication he/she is taking: _____

Parent signature _____ Date _____

The PARTICIPANT named above agrees as follows:

1. Fully understands and acknowledges that: (a) There are risks and dangers associated with participation in gymnastics activities, including trampolines, including but not limited to those of bodily injury, partial and/or total disability, paralysis or death; (b) The social economic losses and/or damages, which could result from those risks and dangers could be severe; (c) These risks and dangers may be caused by the negligence of the participant or the negligence of others, including but not limited to the "Releasees" named below; (d) There may be other risks not known to us or are not reasonably foreseeable at this time.
2. Accepts and assumes such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
3. Hereby releases, waives, discharges and covenants not to sue Flying High Gymnastics, Inc., Christine Deck, other participants, coaches, instructors, officials, lessees of the premises, officers, directors, agents and employees, all of which are referred to as "Releasees," from all liability to the undersigned, my/our personal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of an injury including but not limited to death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Printed name of student _____ Printed name of parent/guardian _____ Signature of parent/guardian _____ Date _____

X _____

Please send in your payment and registration form or drop it off at:

Flying High Gymnastics
 5422 Dansher Rd - Countryside, IL 60525