



# School Year Session Registration Form

Office Use Only: Recd \_\_\_\_\_ Enrolled \_\_\_\_\_ Registration \_\_\_\_\_

**1st Child      Student Information (Indicate 1st and 2nd choice class)      2nd Child**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Sex:** \_\_\_ **Age:** \_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Sex:** \_\_\_ **Age:** \_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**First Choice Class:**

**First Choice Class:**

**Class Name:** \_\_\_\_\_

**Class Name:** \_\_\_\_\_

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Second Choice Class:**

**Second Choice Class:**

**Class Name:** \_\_\_\_\_

**Class Name:** \_\_\_\_\_

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Birthday Party** \_\_\_\_\_ **Field Trip** \_\_\_\_\_

**Waitlist** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Mom's Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Dad's Name:** \_\_\_\_\_

**Cell Phone:**(mom) \_\_\_\_\_ (dad) \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Emergency Contact Information:**

**Medical conditions or allergies to which we should be alerted:** \_\_\_\_\_ **Name:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**How did you hear about Northern Hemisphere?** \_\_\_\_\_

**Has anyone in your family previously been enrolled at NHG? No** \_\_\_ **Yes** \_\_\_ **Date:** \_\_\_\_\_

### ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO RELEASE and MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including, but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming, and diving. In addition, I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in vehicular accidents. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Northern Hemisphere Gymnastics LLC programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation I hereby for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Northern Hemisphere, its officers, directors, shareholders, employees, contractors, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group photos and videos are taken from time to time and in consideration for my or my child(ren) participation I hereby grant my permission for my child's likeness to be used in Northern Hemisphere publicity or advertising.

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 Northern Hemisphere and its representatives harmless in the execution of such.

Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Northern Hemisphere.

**I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO RELEASE and MEDICAL AUTHORIZATION AND I VOLUNTARILY affix my name in agreement.**

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_