

TRIAL CLASS  
FORM & WAIVER



LAST NAME: \_\_\_\_\_

1st Child	
Date of Birth	Age
Medical Information	
Class:	
Day:	
Time:	
Teacher:	

2nd Child	
Date of Birth	Age
Medical Information	
Class:	
Day:	
Time:	
Teacher:	

3rd Child	
Date of Birth	Age
Medical Information	
Class:	
Day:	
Time:	
Teacher:	

Parent/Guardian Name(s)	
Home Address, City, State, Zip	
Preferred Phone #	Email Address
How did you hear about WAKE Gymnastics?	

*I understand that gymnastics is in itself inherently dangerous and carries the risk of catastrophic injury. The above named student(s) has/have had a medical examination within the last twelve months and is/are capable of participating in the sport of gymnastics. In the event of injury or illness, every effort will be made to contact the parent/guardian. If necessary, I authorize WAKE Gymnastics to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child(ren)'s participation at WAKE Gymnastics. I hereby, for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against WAKE Gymnastics, their agents or representatives; for any injury or damage that may be suffered by me, my child adopted or otherwise, in connection with my association or entry in gymnastics or any other activities sponsored by WAKE Gymnastics.*

Rev. 06/11

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Teacher Use Only:</b>
<i>Please list strengths and weaknesses regarding skill level. Do you feel that this class is a good fit?</i>