



Diablo Gymnastics Waiver

Family Information

Please print clearly.

Parent Name: _____
First Last

Address: _____
Street Address City State Zip

Cell Phone: _____ Work/Home Phone: _____ Email: _____

2nd Parent Name: _____
First Last

Cell Phone: _____ Work/Home Phone: _____ Email: _____

Emergency Contact (Grandparent, Nanny, etc.): _____ Phone: _____

Student Information

1st Child: _____ Gender: _____
First Last

Birthdate: _____ Age: _____ Grade: _____

Does your child have allergies? Yes No Allergies: _____

Does your child have any special needs? Yes No If yes, explain: _____

2nd Child: _____ Gender: _____
First Last

Birthdate: _____ Age: _____ Grade: _____

Does your child have allergies? Yes No Allergies: _____

Does your child have any special needs? Yes No If yes, explain: _____

3rd Child: _____ Gender: _____
First Last

Birthdate: _____ Age: _____ Grade: _____

Does your child have allergies? Yes No Allergies: _____

Does your child have any special needs? Yes No If yes, explain: _____

How did you hear about us? *Friend/Web Search/Social Media/Other:* _____

Waiver and Signature

Please read this participation waiver carefully, initial each statement, sign and date at the bottom of the page.

I understand that Diablo Gymnastics School does not offer makeup classes (but does offer two missed class credits per calendar year. Call the office after your child misses a class to request your missed class credit). Subject to change at the discretion of management.

I understand that I will be billed on the 1st of each month for the following month's tuition and that tuition will be due on the 15th. For example, February's tuition will be billed on January 1, and due on January 15.

If tuition is not received by the 15th, my child will be dropped from the next month's classes.

I understand that if I am enrolled in the automatic recurring payment plan, my credit card will be charged between the 12th and 15th of each month.

I understand that I need to give the office 24-hour notice to drop my child from class, and there is a \$10 drop fee. (To avoid the fee, a credit can be saved to the student's account for future use.)

I give permission to Diablo Gymnastics School, Inc. to use my child's image for purposes including, but not limited to, training, social media, website, and marketing materials.

I understand that I will be receiving my bills and personal account information via email. I also understand that I must opt out if I do not wish to receive the newsletter via email.

Minor Consent and Assumption of Risk Form

In consideration of being allowed to participate in gymnastics and movement education lessons at Diablo Gymnastics School, the parent(s) and legal guardian(s) of the minor participant named below agree that they fully understand and will instruct their minor participant that:

- 1. There are risks and dangers associated with participation in gymnastics and activities including but not limited to those of bodily injury, partial or total disability, paralysis and death;*
- 2. The social economic losses and/or damages which could result from those risks and dangers described above could be severe;*
- 3. These risks and dangers may be caused by the negligence of the participant or the negligence of others;*
- 4. There may be other risks not known to us that are not reasonably foreseeable at this time.*

I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused. I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

Parent/Guardian: _____
Print Name Signature Relation (Mother, Father, Legal Guardian)

Date: _____