

NORTH STARS GYMNASTICS ACADEMY: Homeschool Classes' Registration/Waiver Form

PARENTS SHALL ESCORT CHILDREN IN PARKING LOT

**Check Homeschool Website for more detailed information and requirements: www.orgsites.com/nj/nsgh/index.html

STUDENT INFORMATION					
Student's Name _____	Sex _____	Age _____	D.O.B. _____	Home phone: () _____	
Street _____	City _____	State _____	Zip _____	Emergency phone: () _____	
Mom's Name: _____		Place of business: _____		Phone: () _____	
Dad's Name: _____		Place of business: _____		Phone: () _____	
Please provide mandatory e-mail address : _____					
Member of Homeschool Support Group Name & #: _____					
Are there any medical conditions to which we should be alerted? _____					
Does your child require medication which may need to be administered during gym hours? _____					
(If so, a signed note indicating medicine & dosage must be attached to this waiver.)					

HOMESCHOOL CLASS INFORMATION			OFFICE USE ONLY
COST: \$85.00 PER STUDENT/PER 10 WEEK SESSOIN			CLASS CODE _____
SESSION 1 - Fall	Day(s) _____	Time _____	PAID _____
		Tuition _____	DATE _____
SESSION 2 - Winter	Day(s) _____	Time _____	CLASS CODE _____
		Tuition _____	PAID _____
SESSION 3 - Spring	Day(s) _____	Time _____	DATE _____
		Tuition _____	CLASS CODE _____
			PAID _____
			DATE _____

Release And Waiver of Liability, Assumption of Risk, And Indemnity Agreement ("Agreement")

In consideration of participating in the **North Stars Gymnastics Academy** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **North Stars Gymnastics Academy**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parental Consent

AND, I, the minor's parent and/or legal guardian, understand the nature of the above reference d activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

NOTE: PARENTS SHALL ESCORT CHILDREN IN PARKING LOT AT ALL TIMES

Printed name of Parent/Legal Guardian _____	Signature of Parent/Legal Guardian _____	Date _____
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Permission to Treat (Optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Printed name of Parent/Legal Guardian _____	Signature of Parent/Legal Guardian _____	Date _____
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How did you hear about North Stars? _____ (rev'd 2/15/10)