



Parent Name: _____

Parent Phone Number: _____

Payment Method (Check or cash): _____

Child #1	Child #2	Child #3
Name: _____	Name: _____	Name: _____
Age: _____	Age: _____	Age: _____
T-shirt Size: _____	T-shirt Size: _____	T-shirt Size: _____
Food Allergies: _____	Food Allergies: _____	Food Allergies: _____
Cost: \$25	Cost: \$20	Cost: \$20
		Total: \$ _____

Air-Bound Gymnastics' Policies
Please Read Carefully

If I cannot be reached in the event of an accident or emergency, while the above is under the care and supervision of Air-Bound Gymnastics, Inc., I hereby authorize and give permission to their staff/assigns to undertake and employ emergency first aid, emergency transportation, obtain emergency medical treatment, and act in my stead to follow such procedures as necessary to admit and treat any emergency condition at any hospital, if it is deemed necessary. I attest that I have current and valid medical insurance and will be financially responsible for any and all emergency medical expenses. Air-Bound Gymnastics, Inc., has my full permission to act as a temporary guardian in an emergency situation. By signing this, I agree to hold harmless Air-Bound Gymnastic, Inc., and any hospital from any liability for commencing emergency medical treatment with any more consent than hereby given. For and in consideration of my/our voluntary participation in the gymnastics or related programs of Air-Bound Gymnastics, Inc., recognizing and attesting that all due legal warnings have been given, including the possibility of temporary or permanent injury, broken bones, catastrophic injury, death, paralysis, or neck or back injury, ligament or tendon damage, having determined that appropriate precautions are and will be taken in connection therewith, recognizing and personally attesting that gymnastics and relate activities should be and are legally defined as inherently dangerous sport and activities, I/we hereby assume all risks, waive and forever release any all right and claims for personal injuries, mental and emotional suffering, property damages, punitive damages and loss of services which I/we may have, now or in the future against Air-Bound Gymnastics, Inc., its officers, assigns, agents, employees, landlords, and successors. This waiver shall be binding on my/our family, heirs, executors, administrators and assigns.

I/we have read, understand and agree to the above policies of Air-Bound Gymnastics, Inc.

I/we certify that the participant has had a recent physical exam (within the last year), is physically able to participate and present themselves, physical and emotional, fully ready to participate in all ways and with a full understanding of the rules, regulations, and polices of Air-Bound Gymnastics, Inc.

I understand that by signing my name on the line below constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

X _____

My Angel Recruiter: _____