

Brooklyn Gymnastics and Cheer Membership

Last Name: _____

How did you hear about us?

Address _____ City _____ Zip _____

Parent's Name _____

Home Phone _____ Cell _____ Email _____

Parent's Name _____

Home Phone _____ Cell _____ Email _____

1 st Student's Name	M / F	2 nd Student's Name	M / F	3 rd Student's Name	M / F
_____	_____	_____	_____	_____	_____
Birth date ___/___/___ Grade _____		Birth date ___/___/___ Grade _____		Birth date ___/___/___ Grade _____	
New / Returning Student _____		New / Returning Student _____		New / Returning Student _____	
Session _____		Session _____		Session _____	
Previous Class _____		Previous Class _____		Previous Class _____	
1 st Choice Class Day(s)/ Time(s) _____		1 st Choice Class Day(s)/ Time(s) _____		1 st Choice Class Day(s)/ Time(s) _____	
2 nd Choice Class Day(s)/ Time(s) _____		2 nd Choice Class Day(s)/ Time(s) _____		2 nd Choice Class Day(s)/ Time(s) _____	

Medical Information

List any physical disabilities, chronic ailments psychological disabilities, and allergies for each child.

1st Child Name/ Info _____

2nd Child Name/ Info _____

3rd Child Name/ Info _____

Insurance Company Name _____

Policy Number _____

Person to call in an emergency in the event parent(s) cannot be reached
Name _____ Phone () _____

Payment Information

1st Child \$ _____

2nd Child \$ _____

3rd Child \$ _____

Annual Fees \$ _____

Total \$ _____

I have read and understand BGC's Membership Policies.

Liability Waiver and Indemnity Agreement: As a parent or guardian of a participant in activities offered by Brooklyn Gymnastics & Cheer, LLC, I am fully aware of and appreciate the risks associated with participation in gymnastics and cheerleading activities and events. As conditions of the participation of the student described above ('my child') in any of the programs conducted by Brooklyn Gymnastics & Cheer, LLC ('BGC') including but not limited to tumbling, gymnastics, and cheerleading. I agree to the following: I waive any claim for bodily injury, personal injury, or property damage against BGC, its directors, employees, and owners or lessors of the premises and any equipment used in connection with any programs of BGC, arising out of our child's participation in any of the programs of BGC whether on or off BGC Gymnastics premises, or travel for the purpose of participating in any such programs or events. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member. This agreement shall remain in effect as long as and whenever our child participates in any activity related to BGC. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify BGC for its liability including all costs, fees, and expenses incurred in connection with such liability.

Photo Release: I authorize Brooklyn Gymnastics & Cheer, LLC to use my or my child's photos, video, or audio for any advertising, decorative, or promotional purpose.

Authorization of Medical Care: In case of illness or injury, I accept full responsibility for any and all associated medical costs and expenses.

Acceptance of Rules and Policies: I have read and understand BGC rules and policies and agree to abide by them through the course of my and my family's involvement with the program.

Signature of Parent or Guardian: _____ Date: _____