



Registration Form and Consent & Liability Release

Klahhane Gymnastics Ninja Zone

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Please print clearly

Today's date _____

1st Ninja's Full Name _____ Birthdate: ____/____/____

School _____ Grade _____ Dismissal Time _____

2nd Ninja's Full Name _____ Birthdate: ____/____/____

School _____ Grade _____ Dismissal Time _____

Family Information

Mother's Full Name _____ Employer _____

Father's Full Name _____ Employer _____

Mail Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

Family E-mail (required) _____

(Klahhane Gymnastics communicates primarily by e-mail)

Emergency Contact _____ Relation _____ Phone (____) _____

Will a non-custodial parent or other person be paying tuition or need to receive information? N Y If yes please provide contact information

Name _____ Phone (____) _____

Mail Address _____ City _____ State _____ Zip _____

How did you hear about our program?

Please read the following information carefully and sign as indicated.

Waiver of Liability

In Consideration of participation in Gymnastics/Ninja Zone, 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 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 participation in the event, the conditions in which the event takes place, or the negligence of the "releases" named below. 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 Klahhane Gymnastic or Ninja Zone, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the RELEASEES herein), from all liability, claims, demands, losses, or damages on my account 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 Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim. **Any and all Ninja skills will be conducted in a safe gym environment and I will hold Klahhane Gymnastics and Ninja Zone harmless of any injuries incurred in and outside gym areas.**

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 extent 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. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Signature _____ Date _____

Medical Information

Child 1: Name _____ Does this child have any physical conditions or restrictions that will limit their participation in physical activities? No Yes Date of last physical exam _____

Child 2: Name _____ Does this child have any physical conditions or restrictions that will limit their participation in physical activities? No Yes Date of last physical exam _____

Does either child listed above have any medical or mental conditions that we should be aware of? No Yes Child's Name _____

Previous Injuries:
(Sprain/Strain/Fracture/Dislocation)

- ___ Foot R L
- ___ Ankle R L
- ___ Shin Splints R L
- ___ Knee R L
- ___ Wrist R L
- ___ Elbow R L
- ___ Arm R L
- ___ Shoulder R L
- ___ Head/Neck (explain)
- ___ Concussion (date)
- ___ Back (injury or chronic pain)

Medical Conditions:
(please explain any of the following)

- ___ Heart
- ___ Diabetes
- ___ Thyroid
- ___ Seizure
- ___ ADD/ADHD
- ___ Vision/wears glasses
- ___ Hearing Loss R L
- ___ Asthma
- ___ Uses Inhaler
- ___ Allergies (please list)
- ___ Insect Bite reaction
- ___ Other (please explain)

Does your child have any other condition that limits participation in gymnastics.
___ No
___ Yes (explain)

Does any child listed on page 1 have any social or emotional difficulties, family situations or custodial arrangements that we should be aware of? No Yes Child's Name _____ Please use the space below to explain further.

Initials

Medical Release

The undersigned gives permission for the Klahhane Gymnastics/Ninja Zone employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Health Insurance Carrier _____ Policy # _____

Family Physician _____

Publicity Release

I hereby authorize Klahhane Gymnastics and Ninja Zone to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Klahhane Gymnastics and Ninja Zone from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Klahhane Gymnastics and Ninja Zone is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Klahhane Gymnastics and Ninja Zone confers no rights of ownership whatsoever. I release Klahhane Gymnastics and Ninja Zone, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the above listed minor children.

Initials

Payment Information

All payments for Ninja Classes are Cash/Check only. DEBIT CARDS ARE NOT ACCEPTED. There is an annual membership fee of \$35 per child due at the time of registration.. Tuition based on flat monthly rates is due at the first class of each tuition block or by the 10th of the month regardless of attendance. ***Tuition rates increase by \$10 on the 11th of the month.*** Prorated tuition will occur during the first month of attendance only. ***Klahhane Gymnastics/Ninja Zone does not send out monthly statements unless an account is past due.*** Payments can be made in the office, placed in the office drop box or mailed to the mailing address. If you need to make different payment arrangements please contact the Director and we'll be happy to work with you. Accounts that become 30 days overdue without prior arrangement will be considered grounds for collections action. There is a \$20.00 returned check charge for any checks returned by the bank. ***I understand that if I bounce checks, Klahhane Gymnastics/Ninja Zone may require cash or money order payments only from that point forward. Once a student enrolls he/she is automatically re-enrolled for each following tuition block and prior notice of intent to discontinue is required. Failure to notify the office of intent to discontinue classes by the 3rd class of the current tuition block will result in a drop fee of 50% of the monthly tuition.*** Every attempt will be made to re-schedule classes that are cancelled due to weather conditions or unforeseen circumstances, but it may not always be possible. ***Tuition is not pro-rated or refunded for personal absences.*** Make-up classes are not offered in the Ninja Zone program.

Parent/Guardian Signature _____ Date _____