



# Registration Form and Consent & Liability Release

Klahhane Gymnastics  
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Please print clearly

Today's date \_\_\_\_\_

1<sup>st</sup> Gymnast's Full Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Dismissal Time \_\_\_\_\_

2<sup>nd</sup> Gymnast'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 or phone/voice mail - not individual/group text messages)

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 (\_\_\_\_) \_\_\_\_\_

Add Contact Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about our program?

## Please read the following information carefully and sign as indicated.

\_\_\_\_\_  
Initials

### Liability Release

In consideration of allowing the previously-declared participant(s) to begin participation in Klahhane Gymnastics activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Klahhane Gymnastics, Inc., a Washington Non-Profit Corporation, its officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, illness, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Klahhane Gymnastics conducts classes, or any premises under the control and supervision of Klahhane Gymnastics Inc., its officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Klahhane Gymnastics Inc., its officers, agents, or employees.

\_\_\_\_\_  
Initials

### Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owned by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. 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.

(Continued on back)

## 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  
\_\_\_ Vision/wears glasses  
\_\_\_ Hearing Loss R L  
\_\_\_ Asthma  
\_\_\_ Uses Inhaler  
\_\_\_ Allergies (please list)  
\_\_\_ Insect Bite reaction  
\_\_\_ Other (please explain)

Does your child need accommodations for any of the following? If yes please explain.

\_\_\_ ADD/ADHD  
\_\_\_ Autism Spectrum  
\_\_\_ Developmental Delay  
\_\_\_ Separation Anxiety  
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 anxiety 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 employees, and/or agents to seek emergency medical treatment for the participant(s) **in the event that a parent or guardian cannot be contacted**. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ *Initials*

## Publicity Release

I understand that my child's name and/or likeness may be used in Klahhane Gymnastics press releases, website material, or various other marketing. These images will be used for Klahhane Gymnastics purposes only, and will not be given or sold to outside companies or individuals. I agree to hold harmless Klahhane Gymnastics its officers, agents or employees for any misuse of said images by individuals not legally associated with Klahhane Gymnastics.

\_\_\_\_\_  
\_\_\_\_\_ *Initials*

## Payment Information

**Klahhane Gymnastics processes credit cards for tuition auto-pay only. The yearly Membership/Registration fee and all other transactions are cash or check only.** The yearly membership fee (Sept-Aug) of \$45 per child is due at the time of registration. Prorated tuition will occur during the first three weeks of the Session only. Payments or auto-pay contracts must be completed on site. 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 bounced checks, or failure to keep sufficient funds in my auto-pay account, may require cash or money order payments only from that point forward. Enrolled students must renew their payment contract or submit advance payment during the priority registration week of the current session to keep their current place in class for the next session. Failure to renew will result in your child being dropped from the class roster. See the policies and tuition information.** 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 absences. Due to staffing Klahhane does not offer make-up classes.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_