

Parkettes National Gymnastics Training Center

Application Form

Last Name _____ Home Phone _____
 Address _____ Email _____
 City _____ State _____ Zip _____
 Emergency Name & Phone _____ () _____
 Medical Insurance Company _____
 Policy # _____
 Mother's Name _____
 Employer _____ Position _____
 Business Phone () _____ Cell Phone () _____
 Father's Name _____
 Employer _____ Position _____
 Business Phone () _____ Cell Phone () _____

★ REQUIREMENTS FOR ENROLLMENT ★

1. Application form must be completed and signed by both parents.
2. Membership fee must be paid when submitting form. \$35.00 per person; \$20.00 for each additional member.
All payments are non-refundable

CLASS CODES

Girls

GI - Girls
 OG - Open Gym Time

Specialty

CN - Cheernastics
 SN - Special Needs
 PR - Privates
 T - Advanced Tumbling
 FZ - Flip Zone
 HS - Homeschool

Preschool

YM - You and Me Kid
 KG - Kindergym
 MK - Mighty K's
 ER - Enrichment
 KC - Kindercheer

Boys

BO - Boys
 BD - Boys Developmental
 FS - Future Stars

RELEASE and WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

Form on reverse side must be completed by each participant. Adults participating must also complete a form. This form may be duplicated. Additional forms are available.

Publicity Release: I hereby agree to allow Parkettes to use my child's photo in any publicity promoting the programs.

1st Family Member

_____ Last Name First Name
 Birthdate _____ Age: _____
 Describe any medical or other problems we should be aware of: _____

 List Allergies (Reaction & Treatment): _____

 Starting Date: _____
 Class Code: _____
 1st Choice: Day _____ Time _____
 2nd Choice: Day _____ Time _____
 Check if attending 2 times a week

2nd Family Member

_____ Last Name First Name
 Birthdate _____ Age: _____
 Describe any medical or other problems we should be aware of: _____

 List Allergies (Reaction & Treatment): _____

 Starting Date: _____
 Class Code: _____
 1st Choice: Day _____ Time _____
 2nd Choice: Day _____ Time _____
 Check if attending 2 times a week

3rd Family Member

_____ Last Name First Name
 Birthdate _____ Age: _____
 Describe any medical or other problems we should be aware of: _____

 List Allergies (Reaction & Treatment): _____

 Starting Date: _____
 Class Code: _____
 1st Choice: Day _____ Time _____
 2nd Choice: Day _____ Time _____
 Check if attending 2 times a week

THE PARKETTES NATIONAL GYMNASTIC TEAM, INC.
401 Martin Luther King Jr. Drive • Allentown, PA 18102-5407
610-433-0011 • Fax 610-433-8948 • www.parkettes.com • Email:parkets@aol.com

**RELEASE and WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the Parkettes National Gymnastics Team, Inc. 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 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 above said Parkettes, its respective administrators, directors, agent, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages on my account.

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.

Parkettes does not discriminate on the basis of race, color, religion, national origin, sex, age, or handicap in admission to its programs and activities.

To be filled out by parent of Minor

Print name of Participant _____

Date _____

Signature of Participant _____
(if child is minor – parent is to sign child's name)

PARENTAL CONSENT

AND, I the minor's parent and/or legal guardian, understand the nature of the above referenced activities waive and release any and all rights against Parkettes, its respective administrators, directors, agent, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, injury or damages that may be suffered by me or my children (minor) in connection with our association or entry in gymnastics, or other activities sponsored by Parkettes National Gymnastics Team, Inc.

Print name of Participant _____

Date _____

Signature _____