

REBOUNDERS GYMNASTICS - TIMONIUM
Family Record

Primary Family/Student/s Last Name: _____

Primary Parent/Guardian Information: _____
Parent First Name
Parent Last Name

Phone #s: _____ - _____ - _____ - _____ - _____
Home
Cell
Cell
Other

_____ Address _____ City _____ State _____ Zip _____

1st Child: _____ / ____ / ____ M F _____
Name
Birth Date
Sex
Medical/Behavior/Other Issues

2nd Child: _____ / ____ / ____ M F _____
Name
Birth Date
Sex
Medical/Behavior/Other Issues

3rd Child: _____ / ____ / ____ M F _____
Name
Birth Date
Sex
Medical/Behavior/Other Issues

RELEASE AGREEMENT: Students are expected to carry their own accident and/or medical insurance. Any activity, such as gymnastics, that involves motion and/or height creates the possibility of serious injury. Athletes/Students/Parents participating in gymnastics should know their limitations, understand what is expected of them, appreciate possible risks, and consult their instructors. I certify that I, as legal parent/guardian, do consent and agree to indemnify and hold harmless Rebounders Gymnastics Centers, Inc. , to provide customary medical/athletic training attentions, transportation, and emergency medical services as warranted in the course of my child's participation in Rebounders activities. I further authorize to execute that consent required in connection with emergency medical services. I hereby release Rebounders, its officers, employees and agents from and agree to indemnify them against any liability arising out of the exercise of the authority here granted. Additionally, Rebounders Gymnastics reserves the right to use any video or photographic materials for any lawful purpose, including advertising and the web.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____