



Anti-Gravity Night Registration Form

Student _____ Sex ____ Age ____ Birthday ____/____/____
 Sibling _____ Sex ____ Age ____ Birthday ____/____/____
 Sibling _____ Sex ____ Age ____ Birthday ____/____/____
 Address _____ City _____ State _____ Zip _____
 Parent _____ Hm Phone (____) _____ Cell Phone (____) _____
 Any Health Concerns? _____ Email _____

Liability Waiver and Indemnity Agreement. As conditions of the participation of the student described above (“my child”) in any of the programs conducted by WCGC including but not limited to tumbling, gymnastics, cheerleading, dance, fitness classes, karate, rock climbing, and zip line, whether conducted on or off the premises of WCGC, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against WCGC, its officers, directors, shareholders, employees, agents and insurers (collectively, “WCGC”), and any owners or lessors of the premises and any equipment used in connection with any programs of WCGC, arising out of our child’s participation in any of the programs of WCGC whether on or off WCGC premises, or travel for the purpose of participating in any such programs or events.
2. 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.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with WCGC.
4. 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 WCGC for its liability including all costs, fees, and expenses incurred by WCGC in connection with such liability.
5. We reserve the right to use your or your child’s image or likeness in any WCGC promotional material.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Agreement to Pay: I agree to pay the full semester’s tuition. I understand that there are no credits or refunds for missed or cancelled classes.

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

Parent Signature _____ Date _____

Pre-Registration Member \$10, Non-Member \$13, Day Of \$15 /Payment \$ _____ Receipt # _____



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