



# PLANET GYMNASTICS REGISTRATION FORM

111 Fairfield Drive, Hattiesburg, MS 39402 Phone (601) 268-6757

Email: [info@planetgymnasticshattiesburg.com](mailto:info@planetgymnasticshattiesburg.com) Website: [www.planetgymnasticshattiesburg.com](http://www.planetgymnasticshattiesburg.com)

1. How did you hear about Planet Gymnastics? \_\_\_\_\_

2. Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Class \_\_\_\_\_ Day & Time of Class \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Class \_\_\_\_\_ Day & Time of Class \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Class \_\_\_\_\_ Day & Time of Class \_\_\_\_\_

3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

4. Medical Insurance Carrier \_\_\_\_\_

Allergies \_\_\_\_\_ Previous Injuries/illness \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

By signing the liability waiver on the other side, you have authorized Dowling Enterprises, LLC dba Planet Gymnastics to act on your behalf in any medical emergencies. Should it be deemed necessary, which hospital or doctor would you prefer us to take your child to?

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

I understand that my tuition will be \$\_\_\_\_\_, based upon the classes above. Returned check fee is \$40. Interest will be applied to any outstanding tuition. Registration is not complete until I have read and signed the waiver on the other side of this page, and paid the registration fee for each student. Registration is renewable August 1<sup>st</sup> each year. I agree to abide by the policies and procedures of Planet Gymnastics and understand that Planet Gymnastics reserves the right to change them at any time. I agree to pay tuition in full and on time, and will pay any late finance charges.

Person responsible for charges \_\_\_\_\_ Driver's license number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER ON THE OTHER PAGE**

# PLANET GYMNASTICS LIABILITY WAIVER



111 Fairfield Drive, Hattiesburg, MS 39402. Phone (601) 268-6757 Fax (601) 268-9521  
8 Professional Parkway, Petal, MS 39465. Phone (61) 818-7496

Email: [rdjussely@yahoo.com](mailto:rdjussely@yahoo.com)  
[www.planetgymnasticshattiesburg.com](http://www.planetgymnasticshattiesburg.com)

[memangum@comcast.net](mailto:memangum@comcast.net)  
[www.planetgymnasticspetal.com](http://www.planetgymnasticspetal.com)

Name(s) of participants \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Emergency Phone Contact \_\_\_\_\_

Email \_\_\_\_\_

## WARNING!!!

In consideration for the use of services, facilities, or equipment provided by Dowling Enterprises, LLC dba Planet Gymnastics (here after referred to as Planet Gymnastics), the participant hereby releases Planet Gymnastics, its subsidiaries, affiliates, partners, officers, directors, employees, agents and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the participant or his or her heirs, assigns, and legal representatives, from any and all liability for negligence, bodily injuries, death or property damage to participant, arising out of participant's use of, or presence upon property, or services of Planet Gymnastics.

The participant at Planet Gymnastics understands, acknowledges, and agrees that acrobatics, gymnastics, cheerleading, tumbling and trampoline are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties, and the participant is fully aware of the risks inherent in engaging in or observing any activity at or provided by Planet Gymnastics, no matter how careful the participants and staff, no matter what safety equipment is used, the risk cannot be eliminated. Risk can be reduced but never eliminated.

**The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks include catastrophic injuries such as permanent paralysis or death.** These can occur from landings or falls on the back, neck, or head and other such occurrences. The participant may suffer such injuries while merely observing or being in the proximity to our activities as other participants may collide, land, or fall upon you. The participant is aware of the conditions of the facilities and that conditions may become more dangerous during the time the participant is using the premises. The participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The participant acknowledges that there are various degrees of skill and experience required for the different activities and the participant will abide by the rules for the use of the various activities, including wearing all of the protective gear and equipment that is required for participation and will follow instructions of staff members. Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The participant agrees to indemnify Planet Gymnastics against, and save it harmless from, any and all damages, actions, claims, judgments, costs of litigation and attorney fees, which may result from the participant's use of or presence upon the property or facilities, or services of Planet Gymnastics, including damage to the equipment used by Planet Gymnastics.

I hereby authorize Planet Gymnastics to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Planet Gymnastics that I have no physical condition or mental impairment that would be affected by participation in activities of Planet Gymnastics. I permit Planet Gymnastics to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Planet Gymnastics, or engaged in any activity or event sponsored, promoted, or organized by Planet Gymnastics for publicity, advertising, or any legitimate purpose.

By signing this waiver and assumption of risk and release, I acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I certify that the participant is covered by insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs for such injury or damage to myself, or others.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 19.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name of parent/legal guardian \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_