



2351 Adams Drive | Atlanta, GA 30318 | 404-367-4414  
www.buckheadgymnastics.org

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Father Cell Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Email Address (for updates and billing purposes): \_\_\_\_\_

School: \_\_\_\_\_

List any medications your child is currently taking and/or any allergies or conditions we need to be aware of:

### Buckhead Gymnastics Waiver/Consent

As the parent/legal guardian of all my student(s), \_\_\_\_\_, I hereby consent to the all person(s) participating in this facility program. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student and, in consideration for allowing my student to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, and coaches involved in this facility program, from all liability and for any and all damages and injuries suffered by my student during instruction, supervision, and/or control during any and all classes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Buckhead Gymnastics Media Release

I authorize Buckhead Gymnastics and Cheer (BGC) to photography, video and take audio recordings of my minor child, \_\_\_\_\_ and/or me. I give my permission to Buckhead Gymnastics and Cheer to post photographs, videos and audio recordings of us on BGC's website, publications, in the facility and social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_