

Special Events Registration For Oasis Gymnastics & Sports Center

_____ / ____ / ____
 Child #1 – First Name _____ Last Name _____ Sex _____ Age _____ Birthday _____
 Does student have any medical conditions to which we should be alerted? __No __ Yes _____

_____ / ____ / ____
 Child #2 – First Name _____ Last Name _____ Sex _____ Age _____ Birthday _____
 Does student have any medical conditions to which we should be alerted? __No __ Yes _____

_____ / ____ / ____
 Child #3 – First Name _____ Last Name _____ Sex _____ Age _____ Birthday _____
 Does student have any medical conditions to which we should be alerted? __No __ Yes _____

_____ / ____ / ____
 Child #4 – First Name _____ Last Name _____ Sex _____ Age _____ Birthday _____
 Does student have any medical conditions to which we should be alerted? __No __ Yes _____

Parent/Legal Guardian #1 First Name _____ Last Name _____ Home Number _____ Cell Number _____

Parent/Legal Guardian #2 First Name _____ Last Name _____ Home Number _____ Cell _____

Email Address _____

We send out information about our special events and holiday closures. By giving us your email address, you are opting in to receive these emails. You may unsubscribe at any time.

Home Address _____
 Street Address _____ City _____ Zip _____

Acknowledgement of Risk and Waiver of Liability

As legal guardian of the above named children I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person/s participating in any and all Oasis Gymnastics and Sports Center, Inc.'s programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation. As a part of taking class at Oasis Gymnastics & Sports Center my child's picture and/or video may be taken and used on the Oasis Gymnastics website, emails, social media or on a poster within the lobby.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Oasis Gymnastics and Sports Center, Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Oasis Gymnastics & Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In case of medical emergency, I hereby give my consent to Oasis Gymnastics and Sports Center, Inc. to provide customary and medical training attention, emergency medical services and transportation as deemed necessary for the care and protection of my child while participating in Oasis Gymnastics and Sports Center, Inc. activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

_____ / ____ / ____
 Parent or Legal Guardian Signature _____ Date _____



8643 W. Kelton Lane Suite #110, Peoria Arizona 85382

Adult Waiver for Oasis Gymnastics & Sports Center

Required for participation in: Parent Tot classes, Power Hour and any other Special Events where you are accompanying a minor or minors into the gym.

Adult #1 Name: _____ Phone # _____

PLEASE PRINT

I fully understand that the child/children that I am accompanying and are participating in this activity, will use the equipment but as the adult I am not allowed to use any equipment. _____

Initial

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to participating in any and all Oasis Gymnastics and Sports Center, Inc.'s activities and I ACCEPT ALL RISKS associated with that participation. As a part of taking classes or activities at Oasis Gymnastics & Sports Center my picture and/or video may be taken and used on the Oasis Gymnastics website, social media pages, emails or on a poster within the lobby.

In consideration for allowing my use these facilities, I, on my own behalf and the behalf of my respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Oasis Gymnastics and Sports Center, Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by myself while under the instruction, supervision, or control of Oasis Gymnastics & Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In case of medical emergency, I hereby give my consent to Oasis Gymnastics and Sports Center, Inc. to provide customary and medical training attention, emergency medical services and transportation as deemed necessary for my care and protection while participating in Oasis Gymnastics and Sports Center, Inc. activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature _____ Date: _____

.....

Adult #2 Name: _____ Phone # _____

PLEASE PRINT

I fully understand that the child/children that I am accompanying and are participating in this activity, will use the equipment but as the adult I am not allowed to use any equipment. _____

Initial

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to participating in any and all Oasis Gymnastics and Sports Center, Inc.'s activities and I ACCEPT ALL RISKS associated with that participation. As a part of taking classes or activities at Oasis Gymnastics & Sports Center my picture and/or video may be taken and used on the Oasis Gymnastics website, social media pages, emails or on a poster within the lobby.

In consideration for allowing my use these facilities, I, on my own behalf and the behalf of my respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Oasis Gymnastics and Sports Center, Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by myself while under the instruction, supervision, or control of Oasis Gymnastics & Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In case of medical emergency, I hereby give my consent to Oasis Gymnastics and Sports Center, Inc. to provide customary and medical training attention, emergency medical services and transportation as deemed necessary for my care and protection while participating in Oasis Gymnastics and Sports Center, Inc. activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature _____ Date: _____