

Special Events Registration - 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

I acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure. The undersigned acknowledges and agrees that Oasis Gymnastics may revise its procedures at any time based on updated recommended guidance and protocols issued by the public health agencies and further agrees to comply with Oasis Gymnastics revised procedures prior to utilizing the facilities, classes, and programs of Oasis Gymnastics.

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.

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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**

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**

Signature _____ Date: _____

Adult #3 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**

Signature _____ Date: _____

