



500 Conover Drive
Franklin, OH 45005
937-746-2213
www.gtcoho.com

STUDENT INFORMATION DATE: _____

Student Name _____ Sex _____ Birthdate ___/___/___ Age _____

Student Name _____ Sex _____ Birthdate ___/___/___ Age _____

Mother _____ Father _____

Address _____

City _____ State _____ Zip _____

Phone Mom# _____ Home Phone# _____

Phone Dad# _____ Other Phone# _____

E-mail _____

Class _____ Class Day _____ Class Time _____

Individual Yearly Registration Fee: \$35

Family Yearly Registration Fee: \$50

Monthly Tuition: _____

Registration Fee: _____

TOTAL: _____

Families with more than one participant – ask about our multi-child discount!

ALL CLASS FEES ARE NON REFUNDABLE

Please make checks payable to GTCO. We also accept Visa and Mastercard. Cash customers should obtain a receipt. Payment may be made by mail or via the “Fee Drop” located at the Front Desk.

There is a \$30 service fee on all returned checks.

Adults are never allowed on any equipment

CHAMBERLAIN ATHLETICS, INC.
DbA: GYMNASTICS TRAINING CENTER OF OHIO (GTCO)
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

CONSENT TO PARTICIPATE

As the parent or legal guardian of _____, I hereby consent to the above named person(s) participating in the programs offered by Gymnastics Training Center of Ohio (GTCO).

ASSUMPTION OF RISK

I recognize that potentially severe injuries including sprains, strains, broken bones, permanent paralysis or death can occur in any activity involving motion or height, including gymnastics. I UNDERSTAND AND ACCEPT THE RISK INHERENT IN ANY PHYSICAL ACTIVITY. I also realize that my child will be performing and training on all gymnastics equipment and other training devices including the trampoline. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at GTCO or participation in GTCO programming.

I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, influenza, MRSA, and coronavirus (COVID 19), and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses, and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to viruses and bacteria at GTCO may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GTCO employees, volunteers, and program participants and their families.

COVENANT NOT-TO-SUE

In consideration for the use of the GTCO facility, I hereby forever release the owners, officers, coaches, or any employee of GTCO from all liability for any and all damage or injuries suffered by my child (present or future) while under the instruction, supervision or event hosted by the GTCO, it's owners, officers, coaches or employees. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at GTCO and that this agreement remains in force until I revoke it in writing.

MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES.

In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold GTCO harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for GTCO.

MEDICAL EMERGENCY CONTACT INFORMATION

If reasonable attempts to contact me at _____(phone # with area code) or (other responsible party) _____ at _____(phone # with area code) have been unsuccessful, I hereby give consent the transfer of the child to _____(preferred hospital) or the nearest care facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concerning the necessity for such surgery are obtained.

Facts concerning the child's medical history which a coach or physician should be aware of:

Allergies:

PHOTO/VIDEO RELEASE

I grant my permission to GTCO to use my children(s) or my image, likeness or sound of voice in publications, social media and other media used by, produced by or contracted by GTCO. I understand I will not receive payment or other compensation for the use of any image or recording.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

FAILURE TO COMPLETE THIS FORM WILL MAKE IT IMPOSSIBLE FOR THE GYMNASTICS TRAINING CENTER OF OHIO TO ALLOW YOUR CHILD TO PARTICIPATE IN CLASSES, PRACTICES, COMPETITIONS OR EVENTS.