



TERMS AND POLICIES

Child's Name _____ Date of birth _____

Parent _____ Home # _____ Cell# _____

Email _____ Work # _____

Parent _____ Home # _____ Cell# _____

Email _____ Work # _____

Emergency Contact /Relation _____ Phone # _____

Please list any physical/medical limitations that will affect participation:

PHOTO RELEASE:

I authorize that Columbus Pre School and Gym has the right to use photographs or videos taken of my child or me during camp/leagues/classes, etc. for advertising or promotional material. Columbus Gym will not use your child's name in any material produced.

Yes

No

MEDICAL RELEASE AND ASSUMPTION OF RISK:

I certify that this enrollee has no condition that prohibits full participation in activities at Columbus Gym. I assume all ordinary risks when using the facilities and hereby release Columbus Gym, or any of its instructors, employees for any injury or damage suffered in connection with said use of the aforementioned equipment, instructors and facilities. In case of emergency and I (the above-signed) cannot be reached, I authorize Columbus Gym, its agents and employees to contact and secure if necessary medical attention for my child.

I understand and comply with the rules and regulations described on this page.

Parent Name _____ Parent Signature _____

Date _____