



San Diego UNITED Training Center
7698 Miramar Road
San Diego, CA 92126

www.sdunitedsports.com
p: 858-586-0655
f: 858-586-0210

REGISTRATION FORM

STUDENTS NAME: _____ DOB: _____ SEX: M / F

TRIAL CLASS NAME: _____ TIME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____

CHILD'S SCHOOL: _____ CHILD'S EMAIL: _____

FATHER'S NAME: _____

CELL #: _____ WORK#: _____ EMAIL ADDRESS: _____

MOTHER'S NAME: _____

CELL #: _____ WORK#: _____ EMAIL ADDRESS: _____

WHO MAY WE CONTACT IF YOU CANNOT BE REACHED IN AN EMERGENCY?

NAME/RELATION: _____ PHONE #: _____

HOW DID YOU HEAR ABOUT US/REFERRED BY: _____

INTOLERANCE TO MEDICATION? PREVIOUS INJURY OR ILLNESS? IF SO ANY

RESTRICTIONS? _____

Opt out of our mailing list.





RELEASE FORM

MEMBERSHIP AGREEMENT/ASSUMPTION OF RISK STATEMENT

In consideration of my membership in San Diego UNITED Training Center, and my participation in San Diego UNITED Training Center classes, events, and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules and policies of San Diego UNITED Training Center.
2. Readiness to Participate: I will only participate in those San Diego UNITED Training Center classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to San Diego UNITED Training Center and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
5. I further agree that San Diego UNITED Training Center and the sponsor of any San Diego UNITED Training Center event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
6. Excess Accident Insurance: I fully understand there is no Excess Accident Insurance coverage held by San Diego UNITED Training Center for gymnastics participants aged 25 and over.

Signature of Athlete (if 18 or over) _____ Date _____

As a legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by San Diego UNITED Training Center.

Signature of Parent/guardian _____ Date _____

MEDIA RELEASE

I hereby give my consent to all photographs, audiorecordings, and/or video recordings taken of me or my minor child by the San Diego UNITED Training Center staff or their designee. I understand that any such photographs, audiorecordings, and/or videorecordings become the property of the gym and may be used for educational, instructional, promotional, recruitment/outreach media purposes determined by San Diego UNITED Training Center management in broadcast and media formats currently existing or created in the future.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release San Diego UNITED Training Center and its component parts from all liability which could result from its use.

Participant's Name _____

Participant's Signature _____
(Required)

A parent or guardian must sign this form if the participant is a minor or if the participant is hindered by mental or physical challenges.

Parent/Guardian's Name _____

Parent/Guardian Signature _____ Date: _____
(Required)