

**SAGA GYMNASTICS**  
**Ski And Gymnastics Academy LLC**  
13698 Velp Ave Suamico, WI 54173  
920-662-0111 www.SagaSports.us

LAST NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

1<sup>ST</sup> CHILD \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ FEMALE \_\_\_ MALE \_\_\_ CLASS \_\_\_\_\_ SESSION DATE \_\_\_\_\_

2<sup>ND</sup> CHILD \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ FEMALE \_\_\_ MALE \_\_\_ CLASS \_\_\_\_\_ SESSION DATE \_\_\_\_\_

3<sup>RD</sup> CHILD \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ FEMALE \_\_\_ MALE \_\_\_ CLASS \_\_\_\_\_ SESSION DATE \_\_\_\_\_

4<sup>TH</sup> CHILD \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ FEMALE \_\_\_ MALE \_\_\_ CLASS \_\_\_\_\_ SESSION DATE \_\_\_\_\_

MOTHER NAME \_\_\_\_\_ HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK \_\_\_\_\_ WORK # \_\_\_\_\_

FATHER NAME \_\_\_\_\_ HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK \_\_\_\_\_ WORK # \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY # \_\_\_\_\_ DOCTOR'S NAME \_\_\_\_\_

MEDICAL ISSUES: List any physical disabilities, chronic ailments, psychological disabilities and allergies for your child:

\_\_\_\_\_

In consideration of participating in the sport of gymnastic I represent that I understand the nature of the activity and that the minor is qualified, in good health, and in proper physical condition to participate in gymnastics. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue the minor's participation in gymnastics. I fully understand the gymnastics involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the minor's actions, those of others participation in the event, the condition in which the event takes place, or the negligence of the "releasees" named below: and that there may be other risks wither not known to me or readily foreseeable at this time' and I fully accept and assume all such risks and all responsibility losses, cost and damage I incur as a result of the minor's participation in gymnastics.

And I, the minor's parents and/or legal guardian, understand that nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participant in gymnastics. I hereby release, discharge, covenant not to sue SAGA, Ski And Gymnastics Academy LLC, its respective administrators, directors agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and is applicable, owners and lessors or premises on which gymnastics take place (each considered on of the "RELEASEES" herein) and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damage on the minor's account caused or alleged to have been caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY SAVE AND HOLDHARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or coat any Release may incur as the result of any such claim.

I am aware that participation in SAGA program involves risk, possible injury, death or property loss. I understand and agree the SAGA and its staff will assume no responsibilities for injury or medical expenses incurred by my son/daughter or myself. My child has no physical, mental or emotional problems that would interfere with participation in this program. I give permission for program promotions purposes, photographs may be taken of the minor from time to time and used in SAGA publications.

I have read the RELEASE AND WAIVER OF LIABILTY, ASSUMPTIOIN OF AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intend to be complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

SAGA reserves the right to combine classes if there are not three children enrolled in the class. Students must bring their own water bottle.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_