

# Lucas Gymnastics

3437 County Road 807  
Cleburne, Texas 76031  
817-295-1029

How did you hear about us?

\_\_\_\_\_

## Family Registration Form

**email:** \_\_\_\_\_

Primary Name: \_\_\_\_\_  
(parent or guardian name)

Mobile: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Emergency Contact Numbers

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No.: \_\_\_\_\_

## **Names of Students Enrolling:**

## **Birthdate:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything we need to know about the students you are enrolling?

I have read the Lucas Gymnastics Policies and fully understand what I am agreeing to.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Athletic Agreement**

In consideration of my membership at Lucas Gymnastics, and my children's participation in Lucas Gymnastics classes, programs, events, and activities, I agree to be bound to each of the following:

Eligibility: I agree for my children and I to comply with the rules of Lucas Gymnastics.

Readiness for Participation: Athletes (those enrolled in programs or classes) will only participate in classes, events, competitions, and activities for which they believe to be physically and psychologically prepared. Prior to participation, the athlete will have practiced exercises and will perform only those exercises that have been accomplished to the degree of confidence necessary to assure that they can be performed alone, and without injury.

Medical Attention: I hereby give my consent to Lucas Gymnastics 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 athlete participation.

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. I further agree that Lucas Gymnastics, and the sponsor of any Lucas Gymnastics 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.

As a parent or legal guardian, I verify that I fully understand by my signature below that I accept each of the above conditions for permitting my child or children or I to participate in classes, events, competitions, and activities conducted by Lucas Gymnastics.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_