

Fire House Gym Registration

Mom's Name _____
Home phone _____ Cell phone _____

Dad's Name _____
Home phone _____ Cell phone _____

Permanent Address:

Emergency Contact: _____ Phone number: _____

How did you here about Fire House inc? _____

****Email address _____



Class Information



Child's Name	Birthday	Age	Sex	Medical Concerns	Program
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Acknowledgement of Risk, Waiver of Liability, and Medical Authorization

I recognize and acknowledge that there are certain risks of physical injury to the participants in sports and activities involving height and motion including but not limited to martial arts, gymnastics, dance, tumbling, trampoline, cheerleading, and ball sports. I agree to assume full risk of any such injuries, damages or loss regardless of the severity which I and/ or my child may sustain as a result of participation in any activities connected or associated with any such programs. I waive and relinquish all claims I or my child/ward may have against Fire House Inc., it's officer's, agents, servants, and employees as a result of participation in any of our programs.

In the event of any emergency I would like the above mentioned child to be taken to a hospital for medical treatment and I hold Fire House inc. and it's representatives harmless in their execution of this action.

I have carefully read and understand the Acknowledgement of Risk and Waiver of Liability and Medical Authorization and understand that my signature is required below in order for my child to participate in Fire House inc programs. I have also read the registration handbook.

Parent Signature _____ Date _____