

**APPLICATION**

SPOTLIGHT GYMNASTICS INC., 901 Pelhamdale Ave., Pelham, NY 10803 (914)-738-7305 Fax738-0919

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Parents' Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Home # \_\_\_\_\_ Mother's Business # \_\_\_\_\_ Emergency # \_\_\_\_\_

Cell # \_\_\_\_\_ Father's Business # \_\_\_\_\_

Any physical restrictions? \_\_\_\_\_

<b>Session: (Circle One)</b>			<b>Class(es) Desired:</b>	<b>Day</b>	<b>Time</b>
<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	1 <sup>st</sup> Choice	_____	_____
(Sept.-Dec.)	(Dec.-Mar.)	(Mar.-June)	2 <sup>nd</sup> Choice	_____	_____

**Fees:** Class Fee \$ \_\_\_\_\_  
Insurance/Registration (Pay once Sept.-June)  
(\$35 first child - \$20 each add'l child) \$ \_\_\_\_\_  
Other Charges or (Credits) \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_ Check # \_\_\_\_\_

**Student's Name** \_\_\_\_\_

**RELEASE TO BE SIGNED BY A PARENT OR GUARDIAN FOR STUDENT'S ACCEPTANCE IN CLASS**

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injuries includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries.

Gymnastics, or any activity that involves motion, rotation, and height in a unique environment carries with it a reasonable assumption of risk. Spotlight Gymnastics is responsible to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Everyone participating in the Spotlight Gymnastics program must adhere to the safety rules governing the gymnasium.

In consideration of Spotlight Gymnastics acceptance of the applicant(s), and in consideration of the applicant's opportunity to improve gymnastic skills through the use of Spotlight staff, equipment, and facilities, those legally responsible for the named enrolling student(s) realize the risk of injury involved and hereby agree to assume the responsibility of such for said student(s) and further agree to save and hold harmless said school, it's employees, and all others concerned, and to indemnify them against loss. Intending to be legally bound, our signature is offered hereto: By signing below I acknowledge the above release and agree to abide by the Rules and Regulations as set forth by Spotlight Gymnastics.

\_\_\_\_\_  
Parent/Guardian's Signature