



# 2009—2010 Student Information Form



Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Please let us know how you heard about the Apollo School of Gymnastics? (Check One)**

Referred by \_\_\_\_\_  Yellow Pages  Walk In  Other \_\_\_\_\_

## Family Information

**Mother's Name:** \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Mother's Address (If different from above): \_\_\_\_\_

Home Telephone (If different from above): \_\_\_\_\_ Business Tel: \_\_\_\_\_

Mother's Cellular/Pager: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Father's Address (If different from above): \_\_\_\_\_

Home Telephone (If different from above): \_\_\_\_\_ Business Tel: \_\_\_\_\_

Father's Cellular/Pager: \_\_\_\_\_ e-mail: \_\_\_\_\_

Which Parent do you wish to have listed as the Primary Contact at Apollo? (Check One)  Mother  Father

## Emergency and Medical Information

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Does the student have any medical conditions to which we should be alerted or is he/she taking any prescription medications at this time?**  Yes  No If yes, please explain: \_\_\_\_\_

## Acknowledgment of Risk and Waiver of Liability

As legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the Gymfynn, Inc., d.b.a. Apollo School of Gymnastics programs. I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as damages and losses associated with participation in gymnastics activities and events. I further agree that the Gymfynn, Inc., d.b.a. Apollo School of Gymnastics, and the sponsor of any Apollo School of 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, *including any losses or damages resulting from their own negligence*, except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals listed above.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Gymfynn, Inc., d.b.a. Apollo School of Gymnastics.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**The Apollo School of Gymnastics 2140 Range Road, Unit G Clearwater, FL 33765 (727) 447-2108**  
**Located off of Belcher Road between Sunset Point and Old Coachman Roads**  
**Since 1975... "Where Children Come First!"**