



2007 - 2008 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)

We were 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 Gymnic, 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 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, Gymnic, 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

Office Use Only

Class: _____ Day: _____ Time: _____ Level: _____ Instructor: _____

Monthly Installment: _____ Session Fee: _____ AAF: _____ Total Amount Paid: _____

Student Entered: Class Roster Ledger Roll Sheet Computer

**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!"**