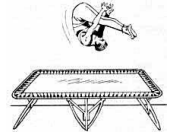


Flip Over Gymnastics



MARTINSBURG-BERKELEY COUNTY PARKS & RECREATION 2019 REGISTRATION FORM

Please print legibly.

Participant #1

Name: _____ Male Female Birthday: _____

Medical concerns: Yes No If yes, please explain: _____

Participant #2

Name: _____ Male Female Birthday: _____

Medical concerns: Yes No If yes, please explain: _____

Participant #3

Name: _____ Male Female Birthday: _____

Medical concerns: Yes No If yes, please explain: _____

Address: _____ City: _____ Zip: _____ State: _____

Parents Name: _____ E-Mail: _____

Primary Phone: _____ Carrier: _____ (Carrier is Sprint, Verizon, US Cellular, etc.)

Would you like to receive texts about cancellations and other important updates? Yes: _____ No: _____

Emergency Contact: _____ Emergency Contact Phone: _____

CLASS CANCELLATION: We will notify you if the class you have chosen is unavailable. M-BC Parks & Recreation only gives refunds for classes they are unable to offer due to lack of participation.

LIABILITY WAIVER: As a parent (legal guardian) of the above named minor, I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to participating in this sports program. I do hold harmless the Martinsburg-Berkeley County Parks & Recreation Board, the instructors, and any and all other volunteers, participants, and organizers for any claims arising out of injury to my child except to the extent and the amount covered by the accident or liability.

MEDICAL RELEASE: I further grant permission for emergency first aid to be given to my child in the case of injury. If necessary, I grant permission for my child to be taken to the emergency room of a nearby hospital, and its staff has my authorization to provide treatment which a physician deems reasonably necessary for the well-being of my child.

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT: I will instruct my child (the minor participant) to carefully follow all gymnastics safety rules. I/We fully understand that: (1) There are risks and dangers associated with participation in gymnastic events and activities, including, but not limited to those of bodily injury, partial and/or total disability, paralysis, and death. (2) The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe. (3) These risks and dangers may be caused by the negligence of the participant or the negligence of others. (4) There may be other risks not known to us or not reasonably foreseeable at this time. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the Recreation Board, other participants, or employees.

PHOTO: The Martinsburg- Berkeley County Recreation Board reserves the right to take pictures at all events and programs. Pictures may be displayed in future Parks and Recreation brochures and publications.

CHANGE OF INFORMATION: I understand that I am responsible for contacting Flip Over Gymnastics office staff for any changes to the information above.

Signature _____ Date _____

Make check payable to **M-BC Parks & Recreation**
273 Woodbury Ave., Martinsburg, WV 25404 (304) 264-4842 Ext 22 www.mbcparcs-rec.org

