

Form A

Gold Medal Gymnastics Enrollment Form

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of First Class \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mothers Work Phone \_\_\_\_\_ Fathers Work Phone \_\_\_\_\_

Parents Place of Employment \_\_\_\_\_

Cell Phones & Pagers or Others Ways of Contact \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Previous or Existing Medical Conditions \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Name of Hospital Preference or Requirements \_\_\_\_\_

School Name \_\_\_\_\_

Mothers Maiden Name or Other Identifying Information \_\_\_\_\_

*I understand there is risk of injury involved with any activity and I hereby authorize medical care and treatment for my child \_\_\_\_\_ in case of accident or injury. I will not hold staff or management of Gold Medal Gymnastics responsible for such accidents or injuries if medical attention is sought.*

X

(Parent or Legal Guardian's Signature)



# Little Angels Learning Academy

A Division of the Education Institute, Inc.

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## Field Trip / Outing Permission Form

Date: \_\_\_\_\_

Our class will be taking a field trip / outing to: Gold Medal Gymnastics as part of our theme and curriculum goals and objectives.

Children will learn about:

gross motor skills, listening, following directions

Our field trip / outing is scheduled for: (date) \_\_\_\_\_;

(time leaving LALA): \_\_\_\_\_; (estimated time of return): \_\_\_\_\_.

The cost for this field trip / outing is: \$ \_\_\_\_\_. Please return the field trip notice and admission fee by: T.E.

*Children ages birth - 5 must be in an approved car restraint seat. The shuttle bus is only equipped with lap belts, therefore, parents/guardians MUST provide a restraint seat with a harness system.*

*Other children not enrolled in the Little Angels Learning Academy program may not participate on the field trip / outing UNLESS there is prior approval by the LALA administration.*

Please detach and return the permission form with applicable checks.

Teacher Note: Form is to be posted on the classroom Parent/Guardian Communication Board.

*To be completed by parent/guardian and returned to LALA by parent/guardian with admission fee, if applicable.*

Child's Name: \_\_\_\_\_

My child has permission to attend the field trip / outing to: \_\_\_\_\_.

My child does not have permission to attend the field trip / outing to: \_\_\_\_\_.

I will make other arrangements for care/school on this day.

I would like to serve as a chaperone.  I will provide my own transportation  I will ride on the shuttle bus.

I have enclosed the admission fee in the amount of: \_\_\_\_\_ (cash; check # \_\_\_\_\_; Money Order; direct withdrawal) for  my child and/or  for me --  other: \_\_\_\_\_.

Parent/Guardian Signature / Date

*\* Field Trip / Outing Permission Slips must be completed for ALL children. All slips must be filed in child's enrollment file upon completion of field trip / outing.*

*"A Prestigious Program of Excellence with Storybook Beginnings."*

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**FORM B**

**Minor Release and Waiver of Liability and Indemnity Agreement**

(Read Carefully Before Signing)

For Minor Participating As A Guest, Crew, Event Specialist and Volunteer

In consideration of being permitted to participate in any way in the Gymnastics Program indicated below and/or being permitted to enter for any purpose any restricted area (herein defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardians will instruct the minor participant that prior to participating in the below gymnastics activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

- (a) There are risks and dangers associated with participation in gymnastics events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
- (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
- (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but limited to, the Releasees named below.
- (d) There may be other risks not known to us or are not reasonably foreseeable at this time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the gymnasium or gymnastics facility used by the minor participant, including its owners, managers, promoters, lessees of premises used to conduct the gymnastics event or program, premises and event inspectors, underwriters, consultants and other who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the gymnasium or gymnastics facility or events held at such gymnasium or gymnastics facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasees" . . . FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, (he parent(s) and/or legal guardian(s) will reimburse the Releasees for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Description and Location of Event \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Printed Name of Minor \_\_\_\_\_

Address of Minor \_\_\_\_\_