

Kahrs Gymnastics Registration Documents

Gymnast of the Week Information

Name: _____ Age: _____ Grade Entering: _____

Favorite Subject: _____ Hobbies: _____

Years of Gymnastics Experience: _____ Favorite Gymnastics Moves: _____

Each week, gymnasts will have an opportunity to shine as gymnasts of the week! This information will be posted on the Kahrs Gymnastics Facebook Group Page.

Gymnast Attire and Gear

T-Shirt: (Included in Price, Please Circle Desired Size)

T-Shirt Sizes: YXS, YS, YM, YL, YXL, AS, AM, AL, AXL



Crew Neck: \$25 –With T-Shirt Design OR Grey Design (Choose One)



Sizes: YXS, YS, YM, YL, YXL, AS, AM, AL, AXL (Please Indicate Size)

Pink, White, Blue, Red, Green, Black, Grey (Indicate Desired Color)



Drawstring Bag: \$15 –With T-Shirt Design OR Grey Design (Choose One)

Pink, Blue, Purple, Orange, Red, Green (Indicate Desired Color)



**Parent/Guardian Kahrs Gymnastics Academy Permission/Emergency Information/Informed Consent
Form**

I hereby give my permission for _____ (Child's Name) to attend Kahrs
Gymnastics Academy practices and events.

Medical/Emergency Information

Student's Parent/Guardian Name: _____

Phone Number: _____

Child's Date of Birth: _____

Student's Address: _____

Does your child have any medical or physical condition, medication information, or allergies that could
interfere with the student's safety in these activities: ____ Yes ____ No

Please explain: _____

If yes, please contact *Anthonya Kahrs, Kahrs Gymnastics Academy Instructor*, with condition information.

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in
case I cannot be contacted:

Name: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

Parent/Guardian Emergency Information/Informed Consent Form

As the parent/guardian of _____, I understand that there are risks of physical injury
associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and, in the event of injury or serious illness,
administer emergency care to the above-named student. I understand every effort will be made to contact me to
explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the
Kahrs Gymnastics Academy staff-in-charge to obtain emergency care for my student, neither he/she nor the
Kahrs Gymnastics and/or Chris & Sommer Hornung and Family assumes financial liability for expenses
incurred because of the accident, injury, illness, and/or unforeseen circumstances.

These activities require that the student conduct is to be in accordance with the Kahrs Gymnastics rules and
regulations.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Release, Acknowledgement, and Assumption of Personal Responsibility

I/we understand that during my child's participation in Kahrs Gymnastics Academy, he/she may be exposed to the risk of possible injury, which could be serious.

I/we understand, too, that it is not possible for Kahrs Gymnastics Academy and Chris & Sommer Hornung and Family, employees, or agents to guarantee or otherwise assure the effectiveness of the safety measures or that the safety measures will be used in every instance. I further understand that mistakes, errors, or neglectful acts or omissions may happen and that equipment may fail. Also, I/we assume the responsibility for safety in all activities.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in the Kahrs Gymnastics Academy practices and events held at the Hornung Residence and agree to advise my child to comply with the instructions and directions of Kahrs Gymnastics Academy and Chris & Sommer Hornung and Family, staff members during the program and use of all equipment.

I/we (print parent names) _____, in return for my child's opportunity to participate in the Kahrs Gymnastics Academy, do hereby exempt and release the Kahrs Gymnastics Academy and Chris & Sommer Hornung and Family, its directors, officers, employees, and agents from any and all liability, claims, demands, or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the Kahrs Gymnastics Academy practices and competition, whether or not such damage, loss or injury results from the negligence of Kahrs Gymnastics Academy and/or Chris & Sommer Hornung and Family, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in Kahrs Gymnastics Academy. I/we hereby represent that I am/we are 18 years of age or older and that I/we are the parent(s) guardian(s) of)_____.

I/we further acknowledge that no representation or promises by Kahrs Gymnastics Academy or Chris & Sommer Hornung and Family representative have been made to induce me to sign this release.

Every individual participating in Kahrs Gymnastics Academy must carry health/accident insurance coverage. Every individual participating in Kahrs Gymnastics Academy must carry group health/accident insurance coverage provided by Kahrs Gymnastics Academy.

Parents or Guardians also waive and release from any liability, Chris and Sommer Hornung as individuals, homeowners, and property owners where practices and events take place by Kahrs Gymnastics Academy.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent Release Form For Media Recording

I, the undersigned, do hereby grant permission to the Kahrs Gymnastics Academy to use my image or the image of my child, _____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures, newsletters, flyers, videos, and digital images such as those on the Kahrs Gymnastics Academy Facebook page and website, group pictures, and show-off meet videos.

I give unrestricted permission for the image to be used in print, video, and digital media. I agree that these images may be used by the Kahrs Gymnastics Academy for a variety of purposes and that these images may be used without further notification to me.

Parent/Guardian Signature

Date