



GUEST FORM

Family Name: _____

Student #1

Full Name _____

Sex: M / F Birthday: ____/____/____

Home Address: _____
Street

City _____ State _____ Zip _____

Medical Notes _____

Student #2

Full Name _____

Sex: M / F Birthday: ____/____/____

Home Address: _____
Street

City _____ State _____ Zip _____

Medical Notes _____

Parent/Guardian Information

Parent/Guardian #1 Full Name (____) _____ Phone Number _____ Email Address

Parent/Guardian #2 Full Name (____) _____ Phone Number _____ Email Address

Emergency Contact Information (Other than parent/guardian listed)

Full Name (____) _____ Phone Number _____ Relation to Student

How did you hear about us?

(e.g. Facebook, Google, Friend, Other Event)

Reason for visit:

- Open Gym Jump In Gymnastics
- Home School Club Diving _____
Club Name
- Other: _____

Waiver

As the parent(s) or legal guardian(s) of the student(s) named on reverse side, I hereby consent to his/her participation in the programs offered by Ricochets Gymnastics, Inc. and to the use of all facilities at Ricochets Gymnastics, Inc. As a condition to participation in RICOCHETS programs, I hereby release and forever discharge Sarah Lang and Christopher Zimmerman and/or any employees, or any individual acting on behalf of RICOCHETS, and connected with this program in which I, or my child may participate, from any and all claims, demands, or losses of every kind and nature which may result to my child, myself, or my heirs, except where such losses or damages is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. I recognize and acknowledge all risks involved in participation in the above program and assume all risks inherent in participation in the same. I am aware that individual and group publicity photos and videos are taken from time to time, and I hereby grant permission for my or my child(ren)'s likeness to be used in Ricochets Gymnastics publicity or advertising. By providing my email address, I agree to receive emails from Ricochets Gymnastics. I have read and fully understand this liability waiver, and agree to the club policies.

Parent/Guardian Signature _____ Date _____

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