



9162 Trinity Drive Lake In The Hills, Illinois 60156 (847) 854-8518

Trial Class [] Open Gym [] Birthday Party [] Special Event []

2023 Registration/Release Form

Participant (1) [grid] Date of Birth [grid]
Participant (2) [grid] Date of Birth [grid]
Participant (3) [grid] Date of Birth [grid]

Address [grid]
City [grid] State [grid] Zip [grid]

Guardian 1 [grid]
Cell [grid] * * Work * * Home * *
email: [grid]

Guardian 2 [grid]
Cell [grid] * * Work * * Home * *
email: [grid]

Emergency [grid]
Cell [grid] * * Work * * Home * *

I, as parent or guardian, do hereby grant permission for my child/children listed above on this registration/release page, hereafter referred to as participant, to participate in instruction/practice/competition/events. I authorize Trinity Academy of Gymnastics (hereafter referred to as gym) staff to obtain medical treatment for participant for injury or illness, and I hold gym harmless in the exercise of this authority. I further acknowledge that participation in any and all activities at gym involves risking physical injury (minimal, serious, or catastrophic) and the participant willingly assumes all such risk. I agree to hold harmless gym, gym staff, gym coaches from any claims arising from participation in gym activities. I further agree that I am responsible for any and all medical and related bills that may occur because of participation. I agree to cover any and all legal fees incurred by gym if participant brings an unsuccessful lawsuit against gym or staff.

There are no refunds once a class session/special event begins or of team fees, tuitions, or ANY AND ALL other expenses. I understand that monthly tuition is to be paid by the 17th of the preceding month and that I have an option to be on gym's autopayment system. By providing billing information, I authorize secure storage of my payment information and use of stored payment information for any charges due but unpaid by the first of each month. Class sessions begin on the first day of the month and end on the last day of the same month. I agree to abide by all Gym Policies as posted on TAG website.

Team Parents Only -- I understand that team fees, tuitions, & expenses are part of a commitment to team gymnastics for each season (June through following May). I agree to abide by the distributed Team Policies and I grant permission for the gym to charge my credit/debit/checking account for any fees due but unpaid by the first of each month. I commit to abide by the "Rules and Regulations" established by the gym for Team Membership.

Individual and small group/team pictures may be taken at any gym event. These pictures may be used for any gym-related purpose. I grant permission for such use without remuneration. Please see Gym Policies for explanation/details.

Parent/Guardian Signature _____ Date _____