



# *La Luna Rhythmic Gymnastics Academy*

21333 SE 20th St, Sammamish, WA 98075

<http://lalunasammamish.com>

425 681 4303

## REGISTRATION FORM

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Guardian/Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ School  
\_\_\_\_\_ District \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Please mark out the weeks in the following form to register:

### THE HOLD HARMLESS

The undersigned member and their parent(s)/guardian(s) indemnifies and holds harmless La Luna Rhythmic Gymnastics Academy and its agents and officers, staff from any liability whatsoever for any damages or injuries and from any and all claims and demands including attorney fees, arising out of the parties participation in gymnastics classes, private lessons, meet competitions and performances provided by or participated in, through La Luna Rhythmic Gymnastics Academy. We suggest you consult your physician prior to participation. I hereby assume all Financial Responsibility for the above student enrolled at La Luna Rhythmic Gymnastics Academy.

I hereby agree that La Luna Rhythmic Gymnastics Academy may use photos/videos of my child or us (the parents) at anytime for promotional purposes. I intend this authorization to be as broad and inclusive as is permitted by the laws of the State of Washington.

I give my child \_\_\_\_\_ permission to participate in Rhythmic Gymnastics classes, I have read and understand and I agree the terms, conditions, rules and policies from the Booklet of La Luna Rhythmic Gymnastics Academy (attached to this Registration form). No refund at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_