



6542 Krycul Ave. Riverview, FL 33569
(813) 741-2TBR (2827)

2009 Registration

IMPORTANT: The fees are based on monthly sessions and are due the 25th of the previous month, and a late fee of \$10 applies if payment is received after the 5th of the month. If payment is not received by the 15th of the month, the student may no longer participant in the class until payment is received. _____ (initial). I understand that I am not able to receive a refund if I withdraw the participant anytime after the month has started. _____ (initial) The "Waiver and release" section must be signed in order for the participant to attend class. _____ (initial) I agree to abide by the policies of TBR. _____ (initial)

Annual Registration Fee- \$50

STUDENT INFORMATION

Name: _____ Age: _____ Birth Date: _____

Parents Name: _____ Mother Father
Guardian

Address: _____

City/State/Zip: _____

Contact Information: Home phone _____ Cell phone _____

Employer: _____ Work phone: _____

E-mail _____

Class: _____ Day: _____ Time: _____

Medical Information (allergies, chronic pain, etc.):

How did you hear about us? _____

For office use:

Date Registered: _____

Form of payment: _____

Amount paid: _____ /ck-receipt # _____

Start Date: _____ Class Day/Time: _____



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Blanket Waiver
Release, Hold Harmless and Exculpatory Agreement

Tampa Bay Rhythmics is pleased to have you as a customer. Rhythmic Gymnastics or any type of gymnastics is a wonderful activity for healthy people of virtually all ages and levels of ability. Sports not only improve your strength, coordination, agility, but also inspire focus, discipline and improve self-esteem. Above all participating in our program can be a great family experience.

However, as in any sport, there is an inherent risk of bodily injury or even death. These risks also extend to those present in our facility, even if they are not actively participating in an organized event. Such risks can be minimized through proper instruction, supervision and education, but strive as we may, such risks can never be eliminated. Your knowledge and appreciation of these risks is extremely important to your making an informed decision.

By signing this document, either individually, and/or in the capacity of a natural or legal guardian, you acknowledge the inherent risks of bodily injury, psychological injury, or even death, in the activities that gymnastics or as the presence of a spectator. Because of the dangers of the sport, I understand the importance of following the coaches' instruction regarding techniques, training and other rules and agree to obey such instruction. **WARNING!!** Catastrophic injury, paralysis or even death can result from the improper conduct of the gymnastics activities. Further, I hereby release, agree to defend and hold harmless and exculpate Tampa Bay Rhythmics, LLC and its employees, assigned representatives and administrators from any and all liability for their negligence, as set forth above, further extends to any defective condition of the premises whether or not known to Tampa Bay Rhythmics or its officers, administrators, agents, representatives and employees occurring off premises or during transportation to or from related events.

We are excited to have you as a part of our rhythmic family. We look forward to a long and happy association.

Signature _____ Date _____

Imagery Release

I hereby give permission for Tampa Bay Rhythmics, LLC or associations to photograph or videotape my child participating in rhythmic gymnastics or any other activity associated with Tampa Bay Rhythmics, LLC. I understand that any images may be used for advertising or promotional purposes or for display at Tampa Bay Rhythmics, LLC or any other purpose

Signature _____ Date _____