



24207 US – 6 Unit A. Rifle CO 81650 - Phone: (970)-319-1044 - Email: info@cgaco.org

Register by going to <https://app.iclasspro.org/portal/cgaco>

OPEN GYM NIGHT REGISTRATION & WAIVER

Parent or Guardian Name: _____

Participating Student(s): _____

Age of Student(s): _____

Address: _____

Email Address: _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Secondary Phone Number: _____

Rules, Terms and Conditions

What to wear – Boys and girls may wear tucked in t-shirts and shorts or Leotards for girls. NO chewing gum or dangling jewelry. Please leave jewelry articles at home; as CGA staff will not be responsible for ANY items that may be lost or stolen. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. NO hair bows or other large hair ornaments that may cause discomfort during activities.

Please Note: You are responsible for payment for your student’s classes before the start of OPEN GYM NIGHT.

Arrival & Pickup – Please check your student in upon arrival and instruct your student to wait inside the building and you should escort them from the building to your car.

Waiver

As legal guardian of my designated student(s), I hereby consent to all student(s) participating in this facility’s program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp/air tramp, stunting. Pyramids, dance, gymnastics, ninja warrior obstacle courses and all apparatus and equipment use and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVEANT NOT TO SUE AND FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facilities program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, free play, and/or control during any and all classes or extra activities.

Parent or Guardian Name (Please print): _____

Signature: _____ Date: _____