

DESERT CHRISTIAN GYMNASTICS CENTER

Acct. # _____

44662 15TH STREET WEST
LANCASTER, CA 93534
(661) 948-4FUN (386) Gym Center
(661) 948-5071 School Office

Name of Student:

Last _____ First _____ Middle _____

Date of Birth _____ Male Female **Enrolled in DCS Peach Factory?** Yes No

Primary Mailing Address: Both Parents Mother Father Legal Guardian

_____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Additional Mailing Address: Mother Father Legal Guardian

_____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Names of additional children who may enroll in classes:

Name _____ Birth Date _____ Name _____ Birth Date _____

Father: _____ Authorized to pick up Yes No

Work Phone _____ Cell Phone _____

Mother: _____ Authorized to pick up Yes No

Work Phone _____ Cell Phone _____

Stepfather: _____ Authorized to pick up Yes No

Work Phone _____ Cell Phone _____

Stepmother: _____ Authorized to pick up Yes No

Work Phone _____ Cell Phone _____

Emergency Contact Name: _____ Phone _____

Doctor _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

How did you find us? Friend _____ Newspaper Yellow Pages Other _____

AGREEMENT

I have read the DESERT CHRISTIAN GYMNASTICS CENTER Rules and Policies, and agree to the policies contained within it, including the Concern Resolution Process.

Required:

Father's Name _____ Signature _____ Date _____

Mother's Name _____ Signature _____ Date _____

If Applicable:

Step-Father's Name _____ Signature _____ Date _____

Step-Mother's Name _____ Signature _____ Date _____

Legal Guardian's Name _____ Signature _____ Date _____

Legal Guardian's Name _____ Signature _____ Date _____

PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Parent or Legal Guardian (Herein "Parent")

(Herein "Minor")

Authorized Personnel of
Desert Christian Ministries
(Herein "Designated Agent")

The above-named Parent of the Minor has entrusted the Minor into the care of Designated Agent, for the welfare of the Minor.

The parent does hereby authorize the Designated Agent to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the laws of the state or country in which the medical care is being sought and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the state or country in which the dental care is being sought.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Designated Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Designated Agent upon the completion of treatment.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Designated Agent under this authorization.

These authorizations shall remain effective unless revoked in writing delivered to said Designated Agent.

Date

Parent or Legal Guardian

LIABILITY RELEASE AGREEMENT

The undersigned wishes his/her child to participate in the Desert Christian Gymnastics Center, which will include, among other things, physical exercise, various gymnastic movements, coordination events, and fitness training (herein the "Activity") sponsored by Desert Christian Ministries, Inc., a California non-profit religious corporation (herein the "DESERT CHRISTIAN MINISTRIES").

DESERT CHRISTIAN MINISTRIES and the undersigned agree that the Activity poses risks including the following specific risks: Physical injuries, including injuries to one or more parts of the body which are of a permanent nature, and injuries which result in paralysis, coma, or death, as well as similar and dissimilar risks (herein the "Risks").

For and in consideration of DESERT CHRISTIAN MINISTRIES allowing the undersigned's child to participate in the Activity, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself, his/her child and his/her child's personal representatives, assigns, heirs, distributes, guardians and next of kin (herein the "Releasers"), hereby irrevocably and unconditionally releases, waives, discharges, and covenants not to sue DESERT CHRISTIAN MINISTRIES and its affiliates, subsidiaries, divisions, members, directors, officers, employees, and agents (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasers, on account of injury to the undersigned or injury to the property of the undersigned, whether caused by the negligence of Releasees or otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks or loss, damage, or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

CAUTION: READ BEFORE SIGNING

Date

(Parent/Guardian Signature)

Child's Name

(Parent/Guardian Signature)

Witness