

TRC Gymnastics – Solana Beach  
722 Geneveive Street, suite L  
Solana Beach, CA 92075



TRC Gymnastics - South  
6474 Nancy Ridge Dr.  
San Diego, CA 92121

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Class ID: \_\_\_\_\_  
Trial Date: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Total due: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Mom Email: \_\_\_\_\_ Dad Email: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Mom Cell: (\_\_\_\_) \_\_\_\_\_ Dad Cell: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY CARE

In the event that I \_\_\_\_\_, or \_\_\_\_\_ cannot be reached,  
(guardian/parent) (guardian/parent)

In the event of a medical emergency; I authorize emergency medical professionals and, or a TRC Gymnastics employee to transport \_\_\_\_\_ to the nearest emergency medical facility where he or she can be treated by a medical doctor or dentist.

My health insurance is as follows:

Insurance Company: \_\_\_\_\_ Subscriber: \_\_\_\_\_  
Policy or Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child has the following significant health history/ condition/ allergies:  
\_\_\_\_\_

### AUTHORIZATION FOR AUTO PAYMENTS

- I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (I) any credit card or bank account draft (SCH Draft) information that I supply is true and complete, (II) charges incurred by me will be honored by my credit card company or financial institution, and (III) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.
- I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 30-day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify TRC Gymnastics Inc. by submitting a TRC Drop Notice Form to drop my child from class/ classes.
- Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in , but not limited to, penalties, additional fees, collection, legal action, and/ or termination of any and/ or all current and future services.

(This policy is subject to change without notice)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK; AND INDEMNITY AGREEMENT**

This agreement is for: \_\_\_\_\_, who will hereafter be noted as the Participant”.

- I represent that I understand the nature of this activity and that the participant is qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe or either of us are unable to safely perform any activity, I/ we will immediately discontinue participation in the activity.
- I fully acknowledge, understand, appreciate and agree, that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the actions or inactions of the participant, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of participation in the activity.
- I further acknowledge, understand, appreciate, and agree that participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for participation and exposure.
- I hereby release, discharge, and covenant not to sue T.R.C. gymnastics Inc., it's administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, damages, on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim.
- I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant(s) \_\_\_\_\_

PARENTAL CONSENT I, hereby covenant and promise that I am the minor's parent and/or legal guardian, and on behalf of myself and the minor, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including, but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASEES, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.

Parent / Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated