

NORTHWEST AERIALS PRESENTS...



**Backhandspring
Clinic**

12:30-2:00

Extra Gym

2:00-3:00

Flip Clinic

3:00-4:30

Ages 4 & Up

Clinic Fees:

\$15/ea

Extra Gym Fee:

\$8/currently

enrolled members

\$10/all others

***Get \$5 off your total per
child when you enroll in
two or more activities!**



REGISTRATION FORM

BHS **EXTRA GYM** **FLIP**

NAME(S): _____

AGE(S): _____ HOME PHONE#: _____

CELL PHONE#: _____

EMAIL: _____

TOTAL AMOUNT ENCLOSED: \$ _____

**SORRY NO REFUNDS, CREDITS OR TRANSFERS
ON FEES**

ANY QUESTIONS? CALL US! 425-823-2665

NON-MEMBERS MUST HAVE A REGISTRATION CARD ON FILE

MEDICAL AUTHORIZATION AND RELEASE

The student(s) and all other family members have my approval to participate in class activities, team workouts, competitions or other events organized by Northwest Aerials, Inc. I understand that like all physical activities, participation in gymnastics, dance, trampoline, swimming and fitness carries with it a reasonable degree of risk and agree that neither Northwest Aerials, Inc., nor its officers, directors, operators, agents or instructors may be held liable in any way for any occurrence in connection with the student's participation in gymnastics, dance, trampoline, fitness or swimming which may result in serious injury or other damages to me, my family, heirs or assigns. In consideration of being allowed to participate in such programs, I further personally assume all risks in connection therewith, whether foreseen or unforeseen, and further to save and hold harmless said corporation, its officers, directors, operators, agents or instructors from any claim by me, my family, estate, heirs, or assigns arising out of such participation

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND NORTHWEST AERIALS, INC., AND I HAVE SIGNED THIS OF MY OWN FREE WILL. I ALSO AGREE TO ABIDE BY ALL RULES OF ENROLLMENT.

I, as parent or guardian of _____ give my permission for him/her and all family members to participate in all programs offered by and at Northwest Aerials and in consideration of all family members' participation, agree individually and on behalf of all family members to the terms of the above agreement and release of liability.

Northwest Aerials, Inc. has my permission to secure emergency medical attention if I cannot be reached immediately.

Parent/Guardian or Student (if over 18) Signature: _____

Date: _____