



# Dormont Open Gym - 2018

## for residents in Kindergarten through 5th grade

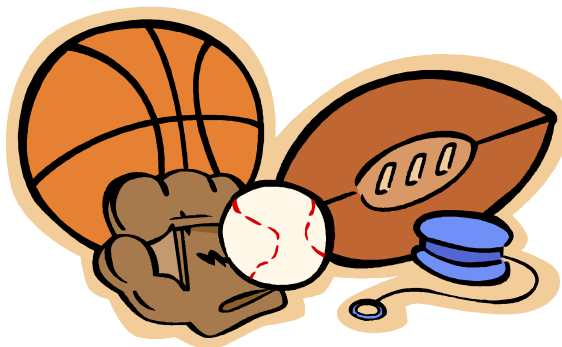
### Registration Form



The Borough of Dormont will be holding Open Gym the second and fourth Fridays in January, February, and March 2018, between the hours of 7:00 pm and 8:30 pm. This program is offered free of charge. Parents are required to accompany children to the gym and remain at the gym the entire time that their child is present. **Participant will be required to sign IN and OUT.**

**Rules:**

- 1) *No outside gym equipment*
- 2) *Be respectful of everyone*
- 3) *Do not jump off the stage*
- 4) *Parents: Check in with your child regularly*



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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Dormont Open Gym 2017 Emergency Contact Information



Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Other Important Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**DORMONT OPEN GYM RELEASE  
2018**

For residents in  
Kindergarten through 5th grade  
Registration Form

I HEREBY ASSUME ALL OF THE RISKS of having my child participate in Open Gym. In order for my child to participate a parent or guardian shall be present at all times.

In consideration of my child attending, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including, but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur as result of my child's participation in Open Gym and further release the Borough of Dormont its employees, recreation board members, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers and;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Borough of Dormont and their employees, recreation board members, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers from any and all liabilities or claims made as a result of my child's participation at Open Gym.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____	_____
Participant's Name	Date	Participant's Signature	Date	Age
(Please print legibly)				

\_\_\_\_\_  
Parent/Guardian Signature                      Date  
(If under 18 years old, Parent or Guardian must also sign.)