

The Gymnastics Company Registration Form

Every blank must be filled out by a legal guardian before your child's / Children participation in any program provided
By: The Gymnastics Company

1. _____ Sex _____ DOB _____ Age _____
Student's (Last Name) (First Name)

2. _____ Sex _____ DOB _____ Age _____
Student's (Last Name) (First Name)

3. _____ Sex _____ DOB _____ Age _____
Student's (Last Name) (First Name)

4. _____ Sex _____ DOB _____ Age _____
Student's (Last Name) (First Name)

Address _____ City _____ St _____ Zip _____

E-Mail Address: _____ Home Phone: _____

Father's Name: _____ Work phone: _____ Cell/Pager: _____

Mother's Name: _____ Work phone: _____ Cell/Pager: _____

Emergency Contact: _____ Phone Number: _____ Relationship to student: _____

Do any of the children listed above have any medical condition that TGC Staff should be aware of? Y ___ N ___

List Name & Condition: _____

Insurance Provider for the above listed: _____

Doctor _____ Phone _____

Class Day/Time _____ Beg. Date _____ Reg. Fee _____

New Family at TGC Yes ___ No ___ How did you hear about TGC? _____

Waiver & Release. I, _____ hereby give consent for my son(s)/daughter(s) listed above to fully participate in any and all programs offered by The Gymnastics Company on or off site. I am fully aware of and appreciate all the risks, including the rise of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with the participation of gymnastics and other programs. With full consciousness of the risk involved and intending to be legally bound, I hereby release The Gymnastics Company, its directors, officers, employees and agents of any liability for any and all damages, injuries suffered in connection with The Gymnastics Company activities and programs. Being the parents or legal guardian of the aforementioned person, I will assume all medical expenses, which may be the result of any injuries sustained while training at, or performing at The Gymnastics Company or off site event. Further, it is affirmed that sufficient insurance covering all such injuries and damage shall be in full force and effect throughout the program or its equivalent throughout the gymnasts, gymnastics career by my insurance listed on the top of this paper.

I understand the tuition is due the 1st class of that session for which it applies and that if it is not received by the 2nd class meeting, a **\$5.00 LATE FEE** applies. I also understand the Make-up policy, which requires me to make prior arrangements for a make up class. A make up may not be done in a class that is already full. I also give my permission to trained medical professionals to administer emergency treatment to my child, should sickness or accident occur in my absence.

Parent or Legal Guardian's Signature: _____ Date: _____

Revised 08/09/08

For Office Use Only
_____ Waiver Entered (QB)
_____ E-mail Entered (Yahoo)
_____ Annual Registration Memorized Invoice Created (if applicable)