

# GYMNASTICS REVOLUTION CLASS REGISTRATION FORM

Athlete's Name \_\_\_\_\_  
First Last

Birthdate \_\_\_\_\_  
M - d - yr

Registered Class \_\_\_\_\_  
Day Level/Class Time

Doctor \_\_\_\_\_  
Name Phone

Allergies \_\_\_\_\_

Special Limitations \_\_\_\_\_

Parents' Names \_\_\_\_\_  
Mother's First Last Home Phone

\_\_\_\_\_  
Father's First Last Home Phone

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

Home Address \_\_\_\_\_  
Street Town Zip

Emergency Contacts \_\_\_\_\_  
Cell Phone 1 Cell Phone 2

\_\_\_\_\_  
Alternate Contact Name Phone

**Important Information**

I understand that classes at Gymnastics Revolution are run on a session-by-session basis. Enrollment at any time will last until the end of the current session. Classes canceled due to weather or unforeseen circumstances will be announced by management and rescheduled. Classes missed for other reasons cannot be made up in another class, and will not be rescheduled. Refunds are not given for any reason, however, in the event that your child cannot continue to participate, your account can be credited and that credit can be used in a later session. Returned check fee is \$25. There is a pro-rated yearly registration fee that must be paid upon registration.

I understand that my child has registered for one or more classes at Gymnastics Revolution. I am aware of the policies stated above, and freely accept these terms and conditions. I realize that payment is due before my child is able to participate, unless an arrangement has been made with the owner/manager. I realize that overdue balance and fees will prevent my child from participating in classes. I give permission for Gymnastics Revolution to use images of my child for marketing purposes and for program development. I understand that any activity involving motion or height creates the possibility for injury and catastrophe. I give permission for Gymnastics Revolution, its owners, officers, agents, employees, and any other medical personnel to treat my child in the event of an emergency. I hereby and forever release Gymnastics Revolution, LLC, its officers, agents, and employees from any claim or suit arising from my child's participation in gymnastics.

\_\_\_\_\_  
Name Date

OFFICE USE ONLY: Enrollment  
 Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_