

Athlete's Name _____
First Last

Birthdate _____
Month - Day - Year

Registered Class _____
Day Level / Class Time

Allergies _____

Special Limitations _____

Parents' Info _____
Mother's First Last Cell Phone

_____ Father's First Last Cell Phone

Home Phone _____

Home Address _____
Street Town Zip

Email Address _____
(Bills may be sent electronically)

Emergency Contact _____
Name Phone Number

Important Waivers – Please read carefully.

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 other unforeseen circumstances will be announced by management and rescheduled. Refunds are not given for any reason, however, in the event that my child cannot continue to participate, my account can be credited, and that credit can be used in a later session. I realize that failure to keep my account current may result in my child's inability to participate. 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 further accept that any activity involving motion or height creates the possibility for serious or catastrophic injury. I give permission for my child to participate, and submit that my child has no medical or psychological conditions that limit his/her ability to participate, except as listed above. I have discussed the need for proper behavior and proper caution with my child in terms that he/she can understand. I give permission for Gymnastics Revolution, its owners, officers, agents, employees, and any other medical personnel to act on my behalf in treating my child in the event of an emergency. I give permission for the use of my child's image or likeness to be used for marketing purposes, and program development. I hereby and forever release Gymnastics Revolution, LLC, its owners, officers, agents, and employees from any suit or claim arising from my child's participation in gymnastics.

Name Date

OFFICE USE ONLY: Enrollment Information

Flag?

Fall _____ Winter _____ Spring _____ Summer _____