FREDERICK GYMNASTICS CLUB

PLEASE PRINT CLASS REGISTRATION FORM ☐ Please check here if this is a new address

_____ _____ _____ ____/ ____/ ____ ( ) _____

Last Name First STUDENTS NAME SEX AGE D.O.B. HOME PHONE

_____ _____ _____ _____

STREET CITY STATE ZIP

_____ ( ) _____ _____

MOTHER'S NAME CELL/WORK PHONE E-MAIL ADDRESS

_____ ( ) _____ _____

FATHER'S NAME CELL/ WORK PHONE How did you hear about FGC?

DOES THIS CHILD HAVE ANY MEDICAL CONDITIONS TO WHICH WE SHOULD BE AWARE ? _____

WHAT IS THE DATE OF YOUR CHILD'S LAST PHYSICAL EXAM? _____ DATE OF LAST TETANUS _____

CLASS SELECTIONS :

Class 1 1st choice: _____ _____ _____

class day time

2nd choice: _____ _____ _____

class day time

Class 2 1st choice: _____ _____ _____

class day time

2nd choice: _____ _____ _____

class day time

PAYMENTS :

COST OF CLASS _____ + _____ + _____ = _____

See Chart On Reverse Of Class Schedule 1ST CLASS 2ND CLASS MEMBERSHIP TOTAL DUE

METHOD OF PAYMENT: CHECK: _____ # _____ AMT. / CASH _____AMT.

CREDIT CARD: # _____ AMT. / EXP. DATE: _____ Security Code _____

ALL REGISTRATIONS ARE TAKEN ON A FIRST COME, FIRST PAID BASIS

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILILTY – Please READ before signing below

As legal guardian of _____, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion, including but not limited to dance, gymnastics, tumbling, and trampoline and I voluntarily consent to the aforementioned person in the Frederick Gymnastics Club, Inc.'s programs and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I hereby forever release and covenant not to sue the Frederick Gymnastics Club, Inc., its officers, employees, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child including ordinary negligence while under the instruction, supervision, or control of Frederick Gymnastics Club, Inc.

As legal guardian of the aforementioned person, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for Frederick Gymnastics Club, Inc. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

I acknowledge that by participating in gym activities and/or by moving around the gym, with it's equipment and possible uneven surfaces, there is a risk for injury. I acknowledge that I accept the risk and waive the option to sue should I incur an injury. By waiving the option to sue, I also thereby release Frederick Gymnastics Club, Inc. and it's agents or employees from liability for such injury.

_____ _____

Parent or Legal Guardian's Signature Date

Permission to Treat

Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child's physician are not available, I hereby grant any administrative director, staff person, agent or employee of Frederick Gymnastics Club, Inc. the authority to obtain the emergency medical attention they deem necessary.

_____ _____

Parent or Legal Guardian's Signature Date