

G&J Speedway Gymnastics

Registration Form

Child's Name: _____ Age: _____ Sex: _____ Birth Date: _____

Mailing Address: _____ City/Zip _____

Mother Name: _____ Mom's Work # _____ Home Phone # _____

Father's Name: _____ Dad's Work # _____ Email: _____

Emergency Name & Number, in case Parents cannot be reached: _____

Allergies/Medical Concerns: _____

Class Information

1st Choice...Program: _____ Level: _____ Day: _____ Time: _____

2nd Choice...Program: _____ Level: _____ Day: _____ Time: _____

1st Choice...Program: _____ Level: _____ Day: _____ Time: _____

2nd Choice...Program: _____ Level: _____ Day: _____ Time: _____

Payment Information

Annual Registration Fee:.....\$ 50

Tuition:\$ _____ Total: _____ Check # _____

Acknowledgment of Risk & Waiver of Liability

As legal guardian of _____ I hereby consent to be aforementioned person participating in the G & J Speedway Gymnastics' activities and programs. I recognized that potentially severe injuries including permanent paralysis or death could occur in any activity involving height or motion including but not limited to gymnastics and related activities including tumbling and trampoline.

I understand that it is the intent of G&J Speedway Gymnastics, Inc. to provide for the safety and protection of my child and in consideration for allowing my child to use its facilities, I hereby release G&J Speedway Gymnastics, its officers, agents, employees, teachers and coaches from all liabilities for any all damages and injuries suffered by my child and resulting from participation in activities or program offered by or through G&J Speedway Gymnastics, Inc. including but not limited to injury or damage caused by the negligent act or omission of G&J Speedway Gymnastics its officers, agents, employees, teachers and coaches.

As legal guardian of the aforementioned person, I hereby agree to provide for the possible future medical expenses that may be incurred by my child as a result of any injury resulting from participating in the activities and programs offered by or through G & J Speedway Gymnastics, Inc.

I have read and understand this acknowledges of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature: _____ **Date:** _____

Permission to treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence. Parent's signature; _____ Date: _____

