

**2019 Summer Gymnastics**  
**REGISTRATION FORM**

<b>Wednesday Class</b>	<b>Thursday Class</b>
_____ 4-5	_____ 4-5
_____ 6-7	_____ 6-7
_____ 8-13	_____ 8-13
_____ Pre-Elite /Elite	_____ Pre-Elite /Elite

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Conditions or Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

In a Medical Emergency, Hospital Choice:

- Aria - Jefferson
- St. Marys
- Other

**WAIVER & RELEASE:**

I AM FULLY AWARE OF, AND APPRECIATE THE RISK , INCLUDING SERIOUS INJURY, AS WELL AS OTHER DAMAGES & LOSSES ASSOCIATED WITH PARTICIPATION IN GYMNASTICS, CHEERLEADING AND/OR OTHER PHYSICAL ACTIVITY. I FURTHER AGREE JOEL BABA'S SCHOOL OF GYMNASTICS, INC.,ALONG WITH EMPLOYEES & DIRECTORS, SHALL NOT BE LIABLE FOR ANY LOSES, INJURIES, OR DAMAGES AS A RESULT OF MY CHILD'S PARTICIPATION IN THESE EVENTS.

Parent Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_