

2018 Summer Gymnastics
REGISTRATION FORM

Monday Class: _____ Pre-Elite/Elite	Wednesday Class: _____ 4-5 _____ 6-7 _____ 8-13 _____ Pre-Elite /Elite
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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
- 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: _____