

AGC Registration Form

Student Information:

NAME: _____ Birth Date: _____

NAME: _____ Birth Date: _____

NAME: _____ Birth Date: _____

Parent Information:

Father's Name: _____ Employer: _____

Father's Cell #: _____ Father's Work #: _____

Mother's Name: _____ Employer: _____

Mother's Cell #: _____ Mother's Work #: _____

Address (primary for the child): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ DL#: _____

E-mail Address: _____

Release:

As a legal guardian of _____, I hereby consent to the above person participating in Anderson Gymnastics & Cheer programs and I assume all financial liability. I recognize that potentially severe injuries can occur in any activity (including gymnastics and cheerleading) which involves height or motion. I also realize that my child may be performing and training on all Olympic events plus various other training devices including trampolines. I understand that it is the express intent of Anderson Gymnastics and Cheer to provide for the safety and protection of my child, and in consideration for allowing my child to use these facilities. I hereby forever release Anderson Gymnastics & Cheer, LLC. (its officers, employees, teachers, and coaches) from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Anderson Gymnastics and Cheer. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses incurred by my child as a result of any injury sustained while training or performing at or for Anderson Gymnastics & Cheer. This acknowledgement of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent. I hereby agree that I am responsible for all costs incurred for collection of any delinquent payments, including but not limited to attorney fees.

Insurance Co. _____ Policy Number: _____

Medical conditions: _____

Allergies: _____

OK to give Ibuprofen if needed? _____

In Case of Emergency, please contact: (Name someone other than parents. Parents will always be contacted first.)

Name: _____ Relationship: _____ Phone: _____

Parent Signature: _____ Date: _____

How did you hear about AGC? (Newspaper- Radio-Website-Friend/AGC Student) Student's Name: _____

For Office Use Only

Trial Class: _____

T-shirt Received: _____

T-shirt Size: _____

Annual Fee Date Paid: _____

Family Name: _____

For Office Use Only

Class: _____

Entered in Computer: _____

Paid: _____