

REGISTRATION FORM 2012~2013
(Tuition & Registration Fee Due With Registration Form)
Please make checks payable to: ACADEMY

Child's Name: _____ Phone # _____

Address: _____ City _____ Zip _____

Age: _____ D.O.B: _____ Gender: _____ Grade: _____

Parent/Guardian _____ Work # _____
Please Print

Parent/Guardian _____ Work # _____
Please Print

Other Emergency #'s: (cell) _____

Email address: _____
(used for billing)

CLASS/PROGRAM _____ DAY _____ TIME _____

**Fill out the information below so we may act quickly in the event of an emergency.

Who to call if parents cannot be reached:

Name/Relationship _____ Phone # _____

Food allergies or restrictions: _____

Sibling current enrolled at The Academy _____

How did you hear about us:

Website Family/Friend Advertisement Email/Newsletter
 Facebook/Twitter Event/Festival

Other: _____

WAIVER AND RELEASE

I am fully aware and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in the sport of gymnastics. At the Academy of Gymnastics we take every precaution to insure the safety of our gymnasts. These measures include: safety training for our staff (including Red Cross Standard First Aid and CPR and safety courses sponsored by USA Gymnastics), use of proper equipment, small class ratios, and regular safety training for our students. While this does reduce the risk of injury, it does not eliminate it. All gymnasts participating in gymnastics at the Academy of Gymnastics assume these risks. I further agree that the Academy of Gymnastics, the Academy of Physical and Social Development Camp, Inc., along with the owners and the employees, shall not be liable for any losses and damages occurring as a result of my child's participation in gymnastics at the Academy of Gymnastics, except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals identified above. I hereby give my consent to the Academy of Gymnastics to provide emergency medical treatment to my child if I cannot first be contacted.

*I give my permission for my child's image to be posted in our newsletter and/or webpage.

Parent Signature: _____ **Date:** _____

TEAM LEVEL _____ DAYS ATTENDING (CIRCLE) M T W TH F S
PRACTICE HOURS PER WEEK _____

DATE ENROLLED: _____	CLASS BEGINS: _____		
TUITION: _____	REGISTRATION FEE: _____	TOTAL: _____	
PAID: _____	CK #: _____	CK DATE: _____	BAL DUE: _____