

# *Island Gymnastics Registration Form*

Gymnasts Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone #'s Mom Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Dad Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Other contact(family/neighbor): \_\_\_\_\_

Experience: \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Day & Time of Class Registered for: \_\_\_\_\_

2<sup>nd</sup> Gymnasts Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Experience: \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Day & Time of Class Registered for: \_\_\_\_\_

My gymnast(s) attend school at: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

A more convenient time would be: \_\_\_\_\_

It is your responsibility to arrive and pick up your child on time. Island Gymnastics is not responsible for any children left unattended in the facility. We reserve the right to cancel any class based on insufficient enrollment. There is a \$25 late fee, and a \$25 returned check fee. We reserve the right to charge current rate of interest on any past due accounts. It is suggested that participants carry medical insurance.

I, the undersigned parent/guardian, understand that the activities of gymnastics involve inverted and other movements that may cause injury or even death. I do hereby release the owner, staff, and participants of Island Gymnastics Inc. from any actions and or claims from injury due to equipment, injury from participation in classes and or exhibitions, or injury from observation of classes and or exhibitions. Having read and understood the information stated above, I hereby give my permission for the above registered student(s) to participate in classes held by Island Gymnastics.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature