Registration for recreational Classes

Student Name: _____Sex: _____Age: _____DOB:_____
(Last, First, Middle Initial)

Address: _____City _____Zip _____

Parent/Guardian Name: _____Telephone: _____
(Last, First, Middle Initial)

Secondary Phone: _____ Email Address: _____

Class Selection:

Name of Class	First Choice		Second Choice	
	Day	Time	Day	Time
1				
2				

Consent and Release Agreement

I give permission for to participate in its after-school program, which includes gymnastics classes, activities, or events conducted at Win-Win Gymnastics. I know that gymnastics is inherently dangerous and carries a risk of physical injury. I will support and abide by the gym rules and policies. I certify that my named above named child has had a medical examination within the last twelve months and is physically capable of participating in the sport of gymnastics. I also certify that the above named child is covered by her/his own medical or accident insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at Win-Win Gymnastics. I waive the option to sue should my child incur an injury and agree to forever release Win-Win Gymnastics and its owners, employees or agents from any and all liabilities of whatever kind of nature. In the event of injury or illness, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted.

Parents/Guardian's Signature _____ Date _____

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Registration Fee Paid _____ Date _____ Type: self / family

Date	Session	Class Name	Number of Classes	Tuition Paid	Method	Beginning Date	Ending Date: