

# Zenith Gymnastics Class Registration 2010 -2011

Class/Level/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Mom Work #: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Dad Work #: \_\_\_\_\_

Parent's Name	Place of business	Occupation
Mother: _____ / _____ / _____		
Father: _____ / _____ / _____		

Medical Conditions:(Allergies?) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to gymnast: \_\_\_\_\_ Phone #: \_\_\_\_\_

I recognize that potentially severe injuries can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. In consideration for allowing my child to use the gymnastics facility and equipment, I hereby forever release Zenith Gymnastics, its owners, officers, employees, teachers and coaches from all liability for any and all damages or injuries suffered by my child while under instruction, supervision or control of same individuals or organization, except where such loss or damage is the result of intentional or reckless conduct of the organization or individuals mentioned above. Photos may be taken of your child for promotional purposes.

I also accept the financial responsibilities associated with my child's participation in the Zenith Gymnastics Program. Having read and understood this paper, I sign voluntarily as to its content and intent.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use only:

Registration paid: \_\_\_\_\_ Monthly tuition: \_\_\_\_\_ Class start date: \_\_\_\_\_