

Zenith Homeschool Class Registration 2009 -2010

Class/Level/Time: _____

Name: _____ Sex: _____ Birthdate: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Dad's Cell: _____ Dad's Work #: _____

Mom Cell: _____ Mom's 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.

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: _____

Office use only:

Registration paid: _____ Monthly tuition: _____ Class start date: _____