



Class Registration Form

Last Name _____

***** REQUIREMENTS FOR ENROLLMENT and POLICIES *****

1. Application form must be completed and signed.
2. Enrollment fee must be paid when submitting form. \$25.00 per person. \$35 family maximum.
3. All payments are non-refundable.
4. Any classes canceled due to weather will be rescheduled.

Office use Only:

ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: () _____
 MOTHER'S NAME: _____
 BUSINESS PHONE: () _____
 CELL PHONE: () _____
 EMAIL: _____
 FATHER'S NAME: _____
 BUSINESS PHONE: () _____
 CELL PHONE: () _____
 EMAIL: _____
 FAMILY DOCTOR: _____ PHONE: () _____

Acknowledgement of Risk and Waiver of Liability - I hereby consent to the above person participating in programs offered by Elite Gymnastics Center LLC. I understand that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and movement education. I also realize that my child will be performing and training on all gymnastics events plus various other gymnastics training devices including trampoline and bounce house. I certify that the above person is in good health and is medically fit to participate. I hereby for myself, my child and/or children, adopted or otherwise, my heirs and executors, forever waive and release any and all rights against Elite Gymnastics Center LLC ("EGC"), their agents or representatives, for any injury or damages that may be suffered by me, my child and/or children, adopted or otherwise, in connection with my association or entry into gymnastics, or other activities sponsored by EGC. I give EGC, its members, officers, agents, employees, and any other medical personnel permission to treat myself, my child and/or children, adopted or otherwise. I also give my permission for EGC to use any images of myself or my children for marketing purposes and for program development without compensation to myself or my child. This acknowledgement of risk and waiver of liability, having been read and understood completely, is signed voluntarily as to its content and intent.

Parents Signature: _____ **Date:** _____

Print Name: _____

Please turn page and fill out second form.

**1ST FAMILY MEMBER
CHILD'S INFORMATION**

LAST NAME FIRST NAME Male/Female

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS
WE SHOULD BE AWARE OF: _____

LIST, ALLERGIES (REACTION & TREATMENT):

STARTING DATE: _____

CLASS: _____

**2ND FAMILY MEMBER
CHILD'S INFORMATION**

LAST NAME FIRST NAME Male/Female

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS
WE SHOULD BE AWARE OF: _____

LIST, ALLERGIES (REACTION & TREATMENT):

STARTING DATE: _____

CLASS: _____

**3RD FAMILY MEMBER
CHILD'S INFORMATION**

LAST NAME FIRST NAME Male/Female

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS
WE SHOULD BE AWARE OF: _____

LIST, ALLERGIES (REACTION & TREATMENT):

STARTING DATE: _____

CLASS: _____

**4TH FAMILY MEMBER
CHILD'S INFORMATION**

LAST NAME FIRST NAME Male/Female

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS
WE SHOULD BE AWARE OF: _____

LIST, ALLERGIES (REACTION & TREATMENT):

STARTING DATE: _____

CLASS: _____

**5TH FAMILY MEMBER
CHILD'S INFORMATION**

LAST NAME FIRST NAME Male/Female

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS
WE SHOULD BE AWARE OF: _____

LIST, ALLERGIES (REACTION & TREATMENT):

STARTING DATE: _____

CLASS: _____

**6TH FAMILY MEMBER
CHILD'S INFORMATION**

LAST NAME FIRST NAME Male/Female

BIRTHDATE: _____ AGE: _____

DESCRIBE ANY MEDICAL OR OTHER PROBLEMS
WE SHOULD BE AWARE OF: _____

LIST, ALLERGIES (REACTION & TREATMENT):

STARTING DATE: _____

CLASS: _____

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Please make all checks out to: Elite Gymnastics Center

How did you hear about us? _____.