



FOR OFFICE USE ONLY	
Reg	Paid
Amt	
Amt	Shirt
Amt	
TOTAL	

Registration Form

Father's Name: _____ Work Phone: _____
 Occupation: _____ Cell Phone: _____
 Mother's Name: _____ Work Phone: _____
 Occupation: _____ Cell Phone: _____
 Street Address: _____
 City: _____ Zip: _____
 Email: _____ Home Phone: _____
 Comments: _____ Other Phone: _____

Additional Contact Information

Contact Name: _____ Home Phone: _____
 Relation: _____ Cell Phone: _____
 Work Phone: _____

Child(ren) Information

First Name	Last Name	Birthdate	Sex
1			
2			
3			
4			

How did you hear about Gymcats? _____

Liability Waiver

I am aware that participation in this sport could be a dangerous activity involving many risks of injury, including but not limited to serious head or neck injury, paralysis, or even death. I hereby assume all risks associated with the sport of gymnastics and agree to hold Gymcats harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in this sport.

I, as parent or guardian, have been informed of the risks inherent in this sport as outlined above and agree to hold Gymcats and staff members harmless from any liability which may arise out of participation in class training sessions, related activities or traveling to and from stated class schedules or related activities.

SIGNATURE: _____ DATE: _____

For Enrollment

Financial Obligation: I assume responsibility for meeting the appropriate payment schedule. Payments are due by the 1st class of each session. Any child registered for a session is obligated for that entire fee. Mid session withdrawals will not be recognized. Make-ups will be allowed for students who are currently enrolled only if they can be arranged by attendance in a similar class which is not filled to capacity. I also understand that a late charge of \$10 will be issued for late payment. I understand and agree that if my child withdraws from his/her class after enrollment, I will call or write the front office to notify Gymcats of this withdrawal.

I, as parent or guardian, have read the above and by signing this form I am agreeing to the payment schedule outlined above.

SIGNATURE: _____ DATE: _____

Clearance to Participate

1st Student's Name: _____

Has recently had a physical examination and is permitted to participate in sport, physical education, or gymnastics training:

_____ Cleared for participation
(parents initials)

Limiting conditions:

Name of physician:

2nd Student's Name: _____

Has recently had a physical examination and is permitted to participate in sport, physical education, or gymnastics training:

_____ Cleared for participation
(parents initials)

Limiting conditions:

Name of physician:

3rd Student's Name: _____

Has recently had a physical examination and is permitted to participate in sport, physical education, or gymnastics training:

_____ Cleared for participation
(parents initials)

Limiting conditions:

Name of physician:

4th Student's Name: _____

Has recently had a physical examination and is permitted to participate in sport, physical education, or gymnastics training:

_____ Cleared for participation
(parents initials)

Limiting conditions:

Name of physician:

Parents signature: _____