

FALL/WINTER REGISTRATION FORM ~ BLAKE'S GYMNASTICS~

Registration is required in order to participate in our Fall & Winter Classes. Please refer to the enclosed schedule for information on fees, discounts, age groups and times.

CHILD'S NAME: _____ CHILD'S AGE: _____ DATE OF BIRTH: _____

PARENT(S)' NAMES: _____

HOME ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME & TELEPHONE NUMBER (OTHER THAN PARENT/GUARDIAN):

NAME: _____ PHONE: _____

HEALTH PROBLEMS AND/OR ALLERGIES: _____

MEDICATIONS CURRENTLY USED BY YOUR CHILD: _____

ENROLLMENT INFORMATION:

IF CURRENTLY ENROLLED – PRESENT CLASS: DAY: _____ TIME: _____

CLASS: (1ST CHOICE): DAY: _____ TIME: _____ (2ND CHOICE): _____

(CLASS FEE: + REGISTRATION FEE: = TOTAL FEE:)

(Registration Fee YEARLY: \$50 per first child; \$25 second child & free for all additional children. Maximum is \$75 per family for one year)

AMOUNT ENCLOSED: (MINIMUM DEPOSIT OF REGISTRATION FEE(S) DUE BEFORE SEPTEMBER 1ST)

WAIVER & RELEASE FORM

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving gymnastics skills, various sports, coordination events and fitness training which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive all claims or rights that you might otherwise have to sue us, our employed owners, officers or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendations whether your son or daughter is physically fit for any exercise or activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities it is your responsibility to obtain a physician's statement describing any limitation to participate in these program. It is always advisable to consult your physician prior to undertaking any physical exercise program. In case of accident or illness, you give your permission to BLAKE'S GYMNASTICS to secure medical attention as deemed necessary, if unable to communicate with you directly. You also give your permission to BLAKE'S GYMNASTICS to photograph the registered participant and/or parent/guardian for use in BLAKE'S GYMNASTICS publicity and publications.

CHILD'S NAME: _____ DATE: _____

PARENT'S OR GUARDIAN'S SIGNATURE: _____