REGISTRATION FORM

Student Name_____ Age_____ Date of Birth_____

Address_____
Street City/Town State/Zip

Parent/Legal Guardian Name & Address_____

_____

Home Phone_____ Cell Phone_____ Email_____

Student's gymnastics experience (if any) _____

Health Insurance (name of company – if none, please indicate)_____

Allergies and/or other medical or physical conditions that might affect or restrict physical activities (attach additional sheet if necessary)_____

RELEASE

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

In consideration of permission granted my child, _____ to participate in gymnastics activities, I hereby release and discharge Clipper City Gymnastics, Inc., its agents, employees, and officers from all claims and demands for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of the above described sports activities. I also grant Clipper City Gymnastics the right to use my child's image in print and/or video advertising.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Date_____ Parent/Guardian Signature_____

Please indicate in the proper space below the class for which you are registering.

(1) Fall Term (2) Winter Term I (3) Winter Term II (4) Spring Term Summer

CLASS	**DAY**
TIME	**FEE**
CASH	**CHECK #**
AMT. PAID	**BAL. DUE**

For mail-in registrations, please complete this form and return it with payment in full to:

Clipper City Gymnastics
115 Main St., Amesbury MA 01913

If you wish confirmation of your registration, please enclose a stamped, self-addressed envelope, or your email address. If the class you choose is full or not available, we will notify you; otherwise, you may assume your child is registered upon our receipt of payment. Thank you.