



REGISTRATION FORM

Students Name _____ AGE _____ Date of Birth _____

Address _____

Parent/Legal Guardian Name & Address: _____

Home Phone _____ Cell Phone _____

Email Address _____

Students 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, LLC., its agents, employees, and officers from claims and demands for all 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 LLC., the right to use my child's photo in print, web page 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 _____

	FALL	WINTER 1	WINTER 2	SPRING	SUMMER
CLASS					
DAY					
TIME					
FEE					
CASH					
CHECK #					
AMT. PD					
BAL. DUE					

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

Clipper City Gymnastics
31 South Hunt Rd
Amesbury, Ma. 01913

If you wish confirmation of your registration please indicate with 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 receipt of payment. Thank you.