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### 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:** \_\_\_\_\_