



Springers Gymnastics Center Registration Form 2008-2009



Gymnast's Name: _____

Age: _____ Birth date: _____

Mom's Name: _____ Dad's Name: _____

Address: _____

Town / State / Zip: _____

Home phone: _____ Cell phone: _____

Work phone (please list mother or father's work): _____

In case of Emergency, please call:

Emergency Name and Phone: _____

Your Email: _____

Child's Medical Condition / Allergies: _____

Are you a DEFY Member? Yes No

How did you hear about us? (Please circle)

Friend (Friend's name) _____ DEFY Newsletter

Website search _____ Newspaper article

Photo Release: From time to time, Springers Gymnastics Center may take photos of students during class. We may or may not use them on promotional materials, including, but not limited to, posting on our website.

If you do not wish to have your child participate, please initial here: _____

Medical Release and Waiver:

Gymnastics is an inherently dangerous sport. Any activity involving height and motion can cause minor to severe injuries. All instructors at Springers Gymnastics Center take every precaution to ensure the safety of each and every student. In the unlikely event of an injury, I the undersigned, release all employees, officials, and representatives of Springers Gymnastics Center, LLC from liability. I further agree that I have adequate insurance for my child (children) to be enrolled in activities offered by Springers Gymnastics Center.

Signature: _____

Date: _____

Office Use		
Class: _____	Day: _____	Time: _____
Try-Out: _____		