



# Three Rivers Gymnastics Registration Form

Session: \_\_\_\_\_

For office use only

Date Rec'd: \_\_\_\_\_

Initials: \_\_\_\_\_

Payment Type

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

CC Transaction #: \_\_\_\_\_

**Student #1** Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**Student #2** Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**Student #3** Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

## Parents / Guardians (Adult students fill out Parent 1 section)

**Parent 1** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Business/Occupation: \_\_\_\_\_

**Parent 2** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Business/Occupation: \_\_\_\_\_

(Email will only be used for sending out announcements, newsletters and Three Rivers Gymnastics information)

## Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to gymnast: \_\_\_\_\_

List any serious injuries:

Any special needs or concerns?

I recognize and acknowledge that there are certain risks of physical injury to participate in the program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activity connected or associated with any such program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against Three Rivers Gymnastics and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child/ward may accrue to my or my child/ward on account of my participation or my child/ward in the program.

I have read and fully understand the above details and waiver and release of all claims.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_