



Three Rivers Gymnastics Registration Form

Session (please circle): Summer 1 Summer 2 Fall to Winter Winter to Spring

Year: _____

Student #1	Name: _____	Birth Date: _____	Age: _____	Gr: _____	M	F
	Class: _____	Day: _____	Time: _____			
Student #2	Name: _____	Birth Date: _____	Age: _____	Gr: _____	M	F
	Class: _____	Day: _____	Time: _____			
Student #3	Name: _____	Birth Date: _____	Age: _____	Gr: _____	M	F
	Class: _____	Day: _____	Time: _____			
Student #4	Name: _____	Birth Date: _____	Age: _____	Gr: _____	M	F
	Class: _____	Day: _____	Time: _____			

Parents/ Guardians / Adult Students

Parent / Guardian #1 Adult Student	Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Phone: Cell: _____ Home: _____ Work: _____
	Email: _____
	Business / Occupation: _____
Parent / Guardian #2	Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Phone: Cell: _____ Home: _____ Work: _____
	Email: _____
	Business / Occupation: _____

Emergency Contact (someone other than those listed above)

Name: _____ Phone: _____

Relationship to Gymnast: _____

List any serious injuries and year of occurrence:

Any Special Needs or Concerns:

Please read this form carefully and be aware that in registering yourself or minor child/ward for participation in the program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program. Also, you will be agreeing to promptly pay all fees associated with your child/ward's participation in the program.

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 me or my child/ward on account of my participation or my child/ward in the program.

____ Please initial if you understand that pictures may be taken and posted. Pictures may be used throughout Three Rivers Gymnastics (online and physical). If pictures cannot be posted, do not initial and please bring it to our attention.

____ Please initial if you have read and understand the Three Rivers Gymnastics Information Sheet (Welcome to Three Rivers Gymnastics).

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

Parent / Guardian / Adult Student Signature

Date