



Classics Gymnastics Center
 2327 Seminole Lane
 Charlottesville, VA 22901
 Website: classicsgymnastics.com



Spencer Watkins
 Owner
 434-978-4720 fax 978-3505
 Email: classicsgym@aol.com

REGISTRATION FORM 2017-2018 School Year

Were you registered with us 2016-17? **Y** **N** If not, how did you hear about our program? _____

STUDENT LAST NAME _____

MOTHER: FIRST NAME _____ LAST NAME _____
 HOME# _____ WORK # _____ CELL # _____
 EMAIL _____

FATHER: FIRST NAME _____ LAST NAME _____
 HOME# _____ WORK # _____ CELL # _____
 EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Emergency Contact Name & Number (Other than Parents). _____

RELEASE FORM

CAUTION: ANY ACTIVITY INVOLVING HEIGHT OR MOTION CAN CREATE THE POSSIBILITY OF INJURY, PARALYSIS OR EVEN DEATH AS A RESULT OF LANDING ON THE HEAD OR NECK.

If Classics Gymnastics Center is unable to reach me in the event of an emergency, I hereby give permission to the physician or hospital selected by the Classics Gymnastics Center Staff to hospitalize and to secure proper treatment of my child as named above.

I am fully aware of and appreciate the risks associated with participation in the sport of gymnastics. I agree that Classics Gymnastics Center Inc., Jefferson Area Gymnastics Association, the owners or landlords of any property used in the teaching or training of gymnastics along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my child's participation in gymnastics classes or training.

I have filled out the above registration form; I have read the above acknowledgment and release; I understand all of the above terms and agree to be bound by them.

I also give my permission without restriction to Classics Gymnastics Center Inc and its assignees to photograph or videotape my child during participation in any Classics Gymnastics Center Inc activity. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for Classics Gymnastics Center Inc programs.

Date: _____ Parent/Legal Guardian Signature: _____

Please list all student information on reverse side.

OFFICE USE ONLY:
 Date Received: _____ Check# / Cash: _____ Ck Name: _____ Ck Total: _____ JR: _____

Classics Gymnastics Center
Registration Form 2017-2018 School Year & Summer
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STUDENT #1

FIRST NAME _____ LAST NAME _____ NICKNAME _____

Gender _____ Birth date _____ School _____ Grade _____

Disabilities: _____

Allergies _____

Medications _____

Class/Camp # _____ Day(s) _____ Time _____ Fee _____ Insurance \$50.00 Total _____
without discount (required for new school year)

Camp T-shirt size (please circle): **Child:** Small, Medium, Large; **Adult:** Small, Medium

STUDENT #2

FIRST NAME _____ LAST NAME _____ NICKNAME _____

Gender _____ Birth date _____ School _____ Grade _____

Disabilities: _____

Allergies _____

Medications _____

Class/Camp # _____ Day(s) _____ Time _____ Fee _____ Insurance \$50.00 Total _____
without discount (required for new school year)

Camp T-shirt size (please circle): **Child:** Small, Medium, Large; **Adult:** Small, Medium

STUDENT #3

FIRST NAME _____ LAST NAME _____ NICKNAME _____

Gender _____ Birth date _____ School _____ Grade _____

Disabilities: _____

Allergies _____

Medications _____

Class/Camp # _____ Day(s) _____ Time _____ Fee _____ Insurance \$50.00 Total _____
without discount (required for new school year)

Camp T-shirt size (please circle): **Child:** Small, Medium, Large; **Adult:** Small, Medium

STUDENT #4

FIRST NAME _____ LAST NAME _____ NICKNAME _____

Gender _____ Birth date _____ School _____ Grade _____

Disabilities: _____

Allergies _____

Medications _____

Class/Camp # _____ Day(s) _____ Time _____ Fee _____ Insurance \$50.00 Total _____
without discount (required for new school year)

Camp T-shirt size (please circle): **Child:** Small, Medium, Large; **Adult:** Small, Medium