



Classics Gymnastics Center  
 435 Gander Drive, Suite 700  
 Charlottesville, VA 22901  
 Website: [classicsgymnastics.com](http://classicsgymnastics.com)



Spencer Watkins  
 Owner  
 434-978-4720 fax 978-3505  
 Email: [classicsgym@aol.com](mailto: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  
Page 2 of 2

STUDENT #1  
FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
Gender \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Disabilities: \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_

Class/Camp # \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_ Insurance \$25.00 Total \_\_\_\_\_  
without discount (prorated for balance of 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 \$25.00 Total \_\_\_\_\_  
without discount (prorated for balance of 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 \$25.00 Total \_\_\_\_\_  
without discount (prorated for balance of 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 \$25.00 Total \_\_\_\_\_  
without discount (prorated for balance of school year)

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