

Sept. 1, 2009 - Aug. 31, 2010

GYMNASTICS & MORE

"Building self-esteem through fitness & fun!"

Parent's Name: _____

Student's Name: _____

Address: _____

Birthday: _____ Sex: _____ Age: _____

Student's Name: _____

Home Phone: _____

Birthday: _____ Sex: _____ Age: _____

Cell Phone: _____

Student's Name: _____

S. S. #: _____

Birthday: _____ Sex: _____ Age: _____

E-mail: _____

Referred by: _____

Warning of risk to participant: Gymnastics & More Inc. are not responsible for providing medical, accidental and/or injury insurance on or for students. Parents are advised to provide adequate accident and medical, insurance for their child enrolled in class at Gymnastics & More Inc. We shall not be held responsible for treatment or losses due to participation in activities before, during or after classes or due to any activity connected with Gymnastics & More Inc.

Please be advised that any activity involving motion or height creates the possibility of accidental injury. Parents and participants should be aware that injury is possible in connection with this or any other athletic activity.

Parents assume all responsibility for any injury or death due to participation in the activity.

In signing this form I agree with the "Warning of risk to participant" and all claims and liability's arising out of such injury's or worse are waived. I also agree to follow and abide by the rules & policies of Gymnastics & More, which can be found in the booklet "Flip Tips" and/or on our web site at www.GymAndMoreSC.com. These policies include but are not limited to tuition payments made before the 10th of each month and our withdrawal policy of giving us a 30 day written notice of withdrawal.

Parent or Legal guardian Sign: _____

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