

VERNON LEE AMATEUR GYMNASTICS ACADEMY

REGISTRATION 09/01/2011 to 8/31/2012

Date: _____ Fee: First child \$50 due with registration form; siblings \$30

Last Name First Name Date of Birth

Street Address City State Zip

Home Phone: _____

PLEASE CIRCLE THE CLASS YOUR CHILD IS ENTERING

Tiny Tots (boy / girl)	Tumble Tots (boy / girl)	Super Tots (boy / girl)	Beginners (boy / girl)	Intermediates (boy / girl)
Girls 10+	Preteam	Team	Tumbling	Special

Father's Name (or legal guardian) – please print

Mother's Name (or legal guardian) – please print

Cell Phone Number

Cell Phone Number

E-Mail-Address

E-Mail-Address

Place of Work

Place of Work

Work Address

Work Address

City, State, Zip

City, State, Zip

Work Phone Number

Work Phone Number

Emergency Contact 1: _____ Number: _____

Emergency Contact 2: _____ Number: _____

Emergency Contact 3: _____ Number: _____

WAIVER AND RELEASE

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I further agree that Vernon Lee Amateur Gymnastics Academy, along with the employees, agents, officers and directors of this organization, shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations of individuals identified above.

Gymnast's Primary Medical Insurance Carrier

Insurance Policy Number of Group Number

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

CONSENT

In the event that I cannot be contacted in an emergency situation, I hereby give the staff of Vernon Lee Amateur Gymnastics Academy permission to obtain whatever medical treatment deemed necessary for the welfare of my child. I understand that I will be financially responsible for all charges, regardless of whether or not my medical insurance covers such fees and charges.

Signature of Parent or Guardian

Date

I hereby acknowledge receipt of Vernon Lee Amateur Gymnastics Academy Safety Rules as well as their Statement of Policies.

Signature of Parent or Guardian

Photo Release Signature
For: Advertisements, Gym Scrapbook,
Bulletin Boards, Gym Displays, Etc.