



REGISTRATION FORM

Home Phone # _____

Parent/Guardian Information

Mother's Name (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Address _____

City _____ Zip Code _____

Mother's Work # _____ Mother's cell/pager# _____

Father's Work # _____ Father's cell/pager# _____

Emergency Contact _____ Phone# _____

Email (Optional) _____

Student Information

Student's Name _____ Birth date ____ / ____ / ____ Age _____

Student's Name _____ Birth date ____ / ____ / ____ Age _____

School _____ Gender _____ Male _____ Female _____

Allergies/Medications/Health Concerns _____

Insurance Co. _____ Member ID _____

How did you learn about the program? _____

Payment Policy

Payments are due in full upon registration. There will be no partial payments or monthly payments allowed.

Refund Policy

Refunds are available up to 2 weeks after start date. No refunds will be given for any reason after the 2-week period.

Release

I understand the possibility of injury, including serious injury, that can occur in the sport of gymnastics and hereby accept responsibility and release all claims or debts due to injury that can occur with participation in gymnastics, against the owner of S.D. Gymnastics World of Georgia, all instructors of S.D. Gymnastics World of Georgia, or other individuals associated with S.D. Gymnastics World of Georgia. Should pictures and/or video be taken during any event, I do hereby give permission for myself or my child/children to be included in picture(s), likeness, image and/or voice in a videotape or publication promoting S.D. Gymnastics World of Georgia. I also understand that I and/or my child/children will not receive any additional compensation for said photos and/or video. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

Parent/Guardian Signature _____ Date _____