



**Registration Form**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ M F  
Athlete's Name Birthday

\_\_\_\_\_  
Street Address City Zip code

\_\_\_\_\_  
Home Telephone Email

\_\_\_\_\_  
Mother's/Guardian's Name Cell Phone/Work

\_\_\_\_\_  
Father's/Guardian's Name Cell Phone/Work

\_\_\_\_\_  
Emergency Contact Name Emergency Contact Cell Phone/Work

Please list any medical conditions or allergies that we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
Insurance Carrier Policy Number

\_\_\_\_\_ I understand that any tuition received after the first week of classes in the month incurs a \$10.00 late  
Initial fee per week.

\_\_\_\_\_ I have read the rules and policies and hereby agree to adhere to all policies and procedures set forth by  
Initial Pacific Gymnastics.

**\*Parent/Guardian must sign in order to participate**

**Acknowledgment of Risk and Waiver of Liability**

As the parents or legal guardians of \_\_\_\_\_, we hereby give permission for our child to participate in programs at Pacific Gymnastics. We recognize that gymnastics and tumbling are sports that involve height and rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against Pacific Gymnastics and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of Pacific Gymnastics. We hereby testify to our child's sound health of mind and body and we authorize Pacific Gymnastics to administer first aid and/or seek medical treatment at the nearest medical facility in case of emergency.

*We have read and understand all the above and agree to the above terms, including the Waiver of Liability, and Rules & Policies for Pacific Gymnastics.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_