



PAULDING GYMNASTICS

2010-2011 REGISTRATION FORM

Gymnast Name _____ Date of Birth _____

Class Registered For _____

Mother's Name _____

Father's Name _____

Home Address _____ City _____

Zip Code _____ Home Phone _____

Mother's Cell _____ Father's Cell _____

Mother's Employer _____ Work Phone _____

Father's Employer _____ Work Phone _____

Emergency Contact other than parent/guardian(include phone #)

School Attends _____ Referred by _____

Email Address _____

I ___do/___do not give my permission for my child's photograph to be used on gym website,
newspapers or advertising print.

Signature

PLEASE READ THE FOLLOWING BEFORE SIGNING

We hereby understand that we are responsible for the above registered student's monthly tuition, which is to be paid by the 1st of each month. If tuition is not paid by the 10th of the month, we understand that we will be assessed a \$5.00 per month late fee. We understand that there is a registration fee, which is to be paid when the student initially registers and annually thereafter as long as the student remains at Paulding Gymnastics. We also understand that it is our responsibility to notify Paulding Gymnastics, in writing, if the above registered student is going to drop from the program. We also understand that there will be a \$10.00 charge for any check returned for any reason. We furthermore recognize that there is a substantial risk of injury arising from the student's participation in the competitive, recreational, or instructional programs of Paulding Gymnastics. We, the parents or legal guardians of the above registered student, do hereby agree to indemnify and hold harmless the said Paulding Gymnastics, its officers, instructors, employees and representatives from any and all liability, loss, or damage, including reasonable attorney's fees resulting from claims, causes of action, demands, and costs of judgments against said Paulding Gymnastics, its officers, instructors, and employees, without limitation, any injury, illness or accident to such student arising from such students participation in any way in any program, course of instruction, or travel with the said Paulding Gymnastics. We further expressly give the staff of Paulding Gymnastics the power to consent to medical treatment during an emergency situation for the health and safety of our child in the event that we cannot be contacted. We further acknowledge that if my child misses two consecutive classes and tuition has not been paid (without notifying the gym office staff), that, at the discretion of Paulding Gymnastics, my child can be removed from his/her class.

Parent's or Guardian's Signature _____

Date _____

Health History

Allergies		Other	
Hay Fever	_____	Asthma	_____
Ivy Poisoning	_____	Diabetes	_____
Insect stings	_____	Epilepsy	_____
Penicillin	_____		
Other Drugs	_____ List		_____

Any other conditions we should be aware of (please explain fully)

Name of Family Physician used by your family

Name _____

Address _____

Phone _____

Preferred Hospital Name _____

In the event that no one can be reached in an emergency, I hereby give my permission for my child to be examined and/or treated at the nearest hospital.

Signature _____

Date _____