

Registration Form

Name of gymnast: _____
(Last Name) (First Name)

Address: _____
(No.) (Street) (City) (State) (Zip code)

Name of parent/guardian: _____ email address: _____

Gymnasts date of birth: _____ Grade: _____ Home Phone: _____

Class desired: Day: _____ Time: _____ Emergency Phone: _____

Gymnastics and other related activities constitute an inherent risk of personal injury. Students and participants assume all risks and dangers incidental to the programs offered by the school. The registrant hereby releases claim of liability against Off the Wall Gymnastics, Inc., it's officers, directors and instructors in case of injury to him/her.

If the participant is a minor, said parent likewise releases all claims as specified above.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____
