2016 - Program Registration Form – 2017

Last Name: _____ **Returning or New Student? (Please Circle)**

Participant's First Name: **Birthdate:** _____

Participant's First Name: **Birthdate:** _____

Address: _____
Street City Zip Code

Parents' / Guardians' Names: _____

Main Phone: _____ **Work:** _____

Alternate Phone Numbers (Pager, cell phone, etc.) _____

Emergency Phone Number and Contact: _____

E-Mail:

IMPORTANT - THE FOLLOWING MUST BE COMPLETED BY GUARDIAN PRIOR TO THE STUDENT GOING OUT ON THE FLOOR:

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and the coaches are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but not eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes paralysis or even death from landings on back, neck or head. The following is a list of any physical impairment or conditions that Columbia Gymnastics should be aware of, and I confirm the above person is in good health. I give permission for Columbia Gymnastics staff to administer first aid and call a doctor in case of an emergency. I will, in no way, hold Columbia Gymnastics staff, officials, or instructors responsible for any possible illness, accident or injuries, which might occur in the gym session.

Please complete the following: My child has physical impairments/conditions/allergies that may affect their ability to participate. _____yes _____no

List any physical impairments/conditions/allergies or current medications taken by your child: _____

_____

By signing below you attest that you have read and understood the above information.

Parent or Guardian Signature: _____Date: _____

(Please initial) I have received and understood the Columbia Gymnastics Rules and Policies pamphlet: _____Yes _____No

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Please return this form with a $35.00 Non-Returnable membership fee and the first month tuition to register for a program.

Program 1st Choice: Day: Time: _____

Program 2nd Choice: Day: Time: _____

Office Use: _____Master _____Folder _____Sibling? _____Acctg. Start Date:_____

9200 Rumsey Road, Suite #2
Columbia, MD 21045
410.964.2053

www.ColumbiaGymnastics.com