

Student: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last name) (First name)

Mailing Address : \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Most Accessible E-Mail \_\_\_\_\_@\_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

Names of Siblings Enrolled + Ages: \_\_\_\_\_



### Days Attending

Cost: \$65/day

Friday, 11/25: \_\_\_\_\_

### BRING WITH YOU:

1. Water
2. Snack & Lunch

Food is not provided by Gymnastika

### GYMNASTIKA GUIDELINES AND SIGNATURE

*As legal guardian of the above named student, I certify that he/she is physically fit to perform in all programs at Gymnastika, is not currently under medical care, and is not receiving medication for any condition which would limit participation in any way, except as listed above. In understand that any condition involving motion or height contains the risk of accidental injury and this risk can never be totally eliminated, even under the supervision of properly trained and qualified instructors using modern and safely designed equipment. Gymnastika, its coaches and other staff members, will not accept responsibility for injuries sustained by any students during the course of gymnastics instruction, gymnastics games, or outside activities.*

*- There are no refunds for deposits or tuitions made for this event.*

*- There are no make-ups for missed days.*

I have read and understood the guidelines contained above.

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date