

NEW PRAGUE GYMNASTICS CLUB WINTER '08/09 REGISTRATION FORM

Parent Last Name: _____
 Address: _____ City: _____ Zip: _____
 Parent First Name: _____ Work#: _____ Home#: _____
 Parent First Name: _____ Work#: _____ Home#: _____
 Cell# (____) _____ E-Mail: _____

Which fundraiser will you be participating in?

Winter- Randy's Food Spring- Pizza Buy Out-\$150.00

1st Child	
Name: _____	Birthdate: __/__/__
Age: _____	
Class Level: _____	Male: ___ Female: ___
1st Choice's Day: _____	Time: _____
2nd Choice's Day: _____	Time: _____
2nd Child	
Name: _____	Birthdate: __/__/__
Age: _____	
Class Level: _____	Male: ___ Female: ___
1st Choice's Day: _____	Time: _____
2nd Choice's Day: _____	Time: _____
3rd Child	
Name: _____	Birthdate: __/__/__
Age: _____	
Class Level: _____	Male: ___ Female: ___
1st Choice's Day: _____	Time: _____
2nd Choice's Day: _____	Time: _____

Tuition Enclosed:	
1 st Child: _____	Total: _____
2 nd Child: _____	Discount: _____
	(10% for multiple children enrolled)
3 rd Child: _____	
Usage Fee \$25.00 per family	Total enclosed: _____

RELEASE/WAIVER:

In consideration of New Prague Gymnastics Club accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risk, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons or meets.

I give permission to New Prague Gymnastics Club and/or appropriate medical facility to make whatever emergency (first aid, disaster, evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of the New Prague Gymnastics Club.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported at my expense.

I understand that in some situation, the staff will need to contact the local emergency resource before parent, child's physician and/or other adult acting on the parent's behalf. **WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF GYMNASTICS.** Further, I hereby release and agree to hold harmless and to indemnify the New Prague Gymnastics Club, employees, board, and volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent's Signature: _____ Date: _____

Medical Information: List any physical disabilities, chronic ailments, psychological disabilities and allergies for each child.
1 st Child Name & Medical Conditions: _____ _____ _____
2 nd Child Name & Medical Conditions: _____ _____ _____
3 rd Child Name & Medical Conditions: _____ _____ _____
Insurance Company Name: _____
Policy Number: _____
Person to call in an emergency in the event Parents cannot be reached: Name: _____ _____
Phone# : (_____) _____ _____