

OWEGO GYMNASTICS AND ACTIVITY CENTER TEAM REGISTRATION/COMMITMENT FORM

Please put only one child on this form. If you are registering more than one child, please copy this form as needed.

MAIL TO: Owego Gymnastics
748 State Route 38 - Owego, NY 13827
(607) 687-2458

OwegoGymnastics.com
OwegoGymnastics@stny.rr.com (Jana)
Owegogymnastics@gmail.com (Kathy)



NAME OF TEAM MEMBER: _____ BIRTHDATE: _____

Last _____ First _____

(circle your level) Level 3 Level 4 Level 5 Level 6 Optional SEX: MALE FEMALE

FAMILY NAME: _____ MAILING ADDRESS _____

HOME PHONE: () _____ CITY _____

FATHER'S NAME: _____ COUNTY _____

WORK/CELL PHONE: () _____ STATE _____

MOTHER'S NAME: _____ ZIP _____

WORK/CELL PHONE: () _____ **E-MAIL ADDRESS** _____

In case of emergency, please contact: **(This should be someone other than Mom or Dad.)**

NAME: _____ PHONE: () _____

Does your child have any medical or physical conditions, restrictions, or allergies that we should be aware of? **YES** or **NO** **If yes, please explain on the back of this sheet.**

Agreement between Team Parents/Children and the Owego Gymnastics and Activity Center:

Due to our non-profit status, we must ask that Level 4 and up sign a contract from September 1st – June 30th. This means that once your son/daughter starts in September, he/she is expected to remain in this program through June. **The Center is still depending on the monthly fees you are paying; it has already been budgeted into our Team program budget.** The only exception to this would be a new team member that is on a trial basis. In that case, an O.K. from the Director is needed. You are responsible for Team monthly fees for the entire commitment time whether you attend or not. If you are injured during the season you are still responsible for your monthly Team fees. In the case of a serious injury, each case will be looked at on a case by case basis.

I, _____, parent of _____, hereby give permission for said son/daughter to participate on the Competitive Team of Owego Gymnastics and Activity Center. I understand that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I hereby testify as to my son's/daughter's sound health of mind and body and I authorize the Owego Gymnastics and Activity Center to seek Medical Treatment at the nearest Medical Facility in case of an emergency. I agree and understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and **agree to be a member of the Owego Gymnastics Team from September 1, 2010 – June 30, 2011.** I intend this statement to take effect as a sealed instrument.

Parent's
Signature: _____ **Date:** _____

Child's
Signature: _____ **Date:** _____

Parents Release Form Media Recording I grant permission to Owego Gymnastics and Activity Center to use the image of my child, _____, in materials that include, but may not be limited, to brochures and newsletters. **Yes/No**