



Owego Gymnastics and Activity Center

Gym Kids Registration Form



Registration Fee: \$15 Registration Date: _____ Registration Fee Paid: _____

Child Information

First Name: _____ M.I. _____ Last Name: _____ Date of Birth: _____

Name child prefers to be called: _____ Gender: Male Female

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Custodial Parent (If married or shared custody, mark both parents) Email: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Custodial Parent (If married or shared custody, mark both parents) Email: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?
Please write on back.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, _____, parent of _____, hereby give permission for said son/daughter to participate in the Gym Kids Program at Owego Gymnastics and Activity Center. I understand that there may be activities that require jumping, hopping, etc ; therefore there are inherent risks involved. I hereby testify as to my son's/daughter's qualified, in good health, and in proper physical condition to participate and I authorize the Owego Gymnastics and Activity Center to seek Medical Treatment at the nearest Medical Facility in case of 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 I intend this statement to take effect as a sealed instrument.

Signature of Parent or Guardian: _____ 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**

Parent/guardian signature _____ Date _____

HELP SUPPORT OWEGO GYMNASTICS AND ACTIVITY CENTER - WE ARE A NOT-FOR-PROFIT ORGANIZATION FUNDED PARTIALLY BY THE UNITED WAY