



Owego Gymnastics and Activity Center Recreational Classes Registration Form



You must have a completed registration form to participate in ANY classes at Owego Gymnastics and Activity Center **(YOU MUST SIGN THE WAIVER)**. The Registration fee must be included with form for the child to be registered.

MAIL TO: Owego Gymnastics & Activity Center
748 State Route 38 Owego, NY 13827

(607) 687-2458 Website:OwegoGymnastics.com
Email: owegogymnastics@stny.rr.com

REC. GYM **Lions** (1-3 years) **Bears** (5 & 6 years) **Adv. Diamonds** **Tumbling/Open Gym** **Cheer**
CLASSES **Tigers** (3 & 4 years) **Diamonds** (7 & up) **Tornadoes** **Adv. Tornadoes** **Home School**

NAME OF STUDENT(S): (You may use one registration for more than one class or child, please fill out below)

LAST NAME _____ FIRST NAME _____

BIRTHDATE: _____ SEX: MALE FEMALE CLASS _____ DAY _____ TIME _____

LAST NAME _____ FIRST NAME _____

BIRTHDATE: _____ SEX: MALE FEMALE CLASS _____ DAY _____ TIME _____

FAMILY NAME: _____ HOME PHONE: (____) _____

MAILING ADDRESS _____ CELL PHONE: (____) _____

CITY, STATE, ZIP _____ COUNTY _____

FATHER'S NAME: _____ FATHER'S WORK/CELL PHONE: (____) _____

FATHER'S PLACE OF EMPLOYEMENT _____

MOTHER'S NAME: _____ MOTHER'S WORK/CELL PHONE: (____) _____

MOTHER'S PLACE OF EMPLOYEMENT _____

E-MAIL ADDRESS _____ *Can we send your newsletter via email? Yes No*

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

NAME: _____ PHONE: (____) _____

Does your child(ren) have any medical or physical conditions, restrictions, or allergies that we should be aware of? **YES** or **NO** **(if yes please explain on back)**

How did you find out about our Program? _____

I would be willing to help in the following ways: (approximately 1-3 hours a month)

_____ Serve on the Board of Directors _____ Help w/Fund Raisers _____ Serve on a Committee _____ Help with Projects

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

I, _____, parent of _____, hereby give permission for said son/daughter to participate in classes at 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 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 GYMNASICS AND ACTIVITY CENTER - WE ARE A NOT-FOR-PROFIT ORGANIZATION FUNDED PARTIALLY BY THE UNITED WAY