

Registration Form

Hosting Daycare :
Child's Name (Please Print) : <div style="text-align: right;">Sex: M</div> F
Birthday: ____/____/____ Age: _____
Medical, physical, mental complications or Limitation? No: ____ Yes: ____ Explain: _____
Name of Parent/Guardian (Circle and Print) _____
Contact Phone Number: _____
E-mail address: _____
Tuition: _____ a month. Pay to: _____
<p>Acknowledgement of Risk and Waiver of Liability</p> <p>By signing my name below, I give my permission for my child to participate in the Early Bird gymnastics program. I recognize that gymnastics may cause accidental injuries of varying degrees of severity. I accept the risk associated with that participation and allow my child to use gymnastics training equipments under the instruction and supervision of the program's coaching staff. I waive the option to sue should my child incur an injury and agree to forever release the program, its coaching staff and host (the daycare) from all liabilities for such injury. I agree to be responsible for any medical bills incurred resulting from such injury. I have read and understand the above. I sign my name below voluntarily.</p> <p>Parent or Guardian's Signature: _____</p> <p style="text-align: right;">Date: _____</p>