



Date: _____ **Session #** _____

2011-2012 CLASS REGISTRATION FORM

451 Defense Highway Annapolis, MD 21401 Phone (410) 224-0721
 Email: Firstclassgym@aol.com

Child 1: Name	Last	First	Gender	(F)(M)	DOB
Child 2: Name	Last	First	Gender	(F)(M)	DOB
Child 3: Name	Last	First	Gender	(F)(M)	DOB
Parent's Name	Last	First	(C)	(W)	Telephone Parent (Cell & Work)

Address	City	State	Zip
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Telephone(Home)	Email Address:
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EMERGENCY #	Notes/Allergies/Medical	School(s) Attending
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Acknowledgement of Risk and Waiver of Liability and Permission to Treat

I hereby give permission for my child/children to participate in classes/events conducted at 1st Class Gymnastics, Inc. I understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury or accident, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted. The enrolled child/children is/are capable of participating in the sport of gymnastics and have had a physical within the last (12) twelve months. Any activity involving motion, tumbling, height, swinging, etc... involves the possibility of serious, permanent or fatal injury. I understand the risks of participating in the sport of gymnastics and Therefore, in consideration for allowing my child/children to use the 1st Class Gymnastics Training Center's equipment and facilities, I hereby forever release 1st Class Gymnastics, Inc., it's owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child/children while under the instruction, supervision or control of 1st Class Gymnastics, Inc., it's owners, officers, employees, teachers, coaches and booster club. I hereby authorize 1st Class Gymnastics, Inc. to use photographs, videos or electronic likeness of my child in any publication or website promoting or advertising 1st Class Gymnastics, Inc. I do hereby forever release any and all claims against 1st Class Gymnastics, Inc. for the use of any of the video images and photographs as described above. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Date	Printed Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian
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Class Selection, Fees & Payments

Child 1:	Class Description	Day	Time	\$	\$	\$	\$
				Class Tuition	Regis Fee	Appl Disc	Total Due
Child 2:	Class Description	Day	Time	\$	\$	\$	\$
				Class Tuition	Regis Fee	Appl Disc	Total Due
Child 3:	Class Description	Day	Time	\$	\$	\$	\$
				Class Tuition	Regis Fee	Appl Disc	Total Due

OFFICE USE ONLY: Payment Method _____ Check # _____ Processed By _____

10 % Discounts for siblings. Payments must be made at registration. No refunds or credits.

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