



\_\_\_\_\_, \_\_\_\_\_  
 Child's Name (Last) First  
 Trial Class \_\_\_\_\_ Day & Time \_\_\_\_\_  
 Day & Time \_\_\_\_\_

**2010-2011 REGISTRATION FORM**

**RESPONSIBLE PARTY INFORMATION:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Parent's Email Address: \_\_\_\_\_  
 Mother Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Father Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_ School child attends: \_\_\_\_\_

**STUDENT(S) INFORMATION:**

(1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex: M/F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Disabilities: \_\_\_\_\_  
 Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

(2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex: M/F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Disabilities: \_\_\_\_\_  
 Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

(3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex: M/F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Disabilities: \_\_\_\_\_  
 Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

*Credit/Debit Card #*  
 \_\_\_\_\_  
 \_\_\_\_\_

*Expiration Date*  
 \_\_\_\_\_  
 \_\_\_\_\_

*V-code* \_\_\_\_\_

*Billing Zip Code*  
 \_\_\_\_\_

As a parent or legal guardian of \_\_\_\_\_, I give my consent for \_\_\_\_\_ to participate in the program at Elite Energy Gymnastics & Cheer. I understand that participation in gymnastics, cheer, trampoline, dance and related activities may result in unavoidable injuries due to the height and motions involved. These injuries may include muscle strains, tears, broken bones and severe injuries such as permanent paralysis or even death. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing or participation in activities of Elite Energy Gymnastics, INC.. As consideration for allowing the above named child(ren) to participate in activities with Elite Energy Gymnastics, INC, I waive all rights or causes to participate in activities with Elite Energy Gymnastics, INC, for any injuries suffered by my child to any damages suffered by my child while under the supervision or control of Elite Energy, INC and its employees. . This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

\_\_\_\_\_

**Office Use Only**

**Registration Fee 2010-2011**

|                      |                   |                      |
|----------------------|-------------------|----------------------|
| \$48 _____ 1st Child | Cash _____        | Amount Paid _____    |
| \$36 _____ 2nd Child | Credit Card _____ | Date Paid _____      |
| \$36 _____ 3rd Child | Check # _____     | Staff Initials _____ |