



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

2011-2012 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: _____

ACH Monthly Draft

Name on account _____

Amount to be drafted _____

Signature _____

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.

_____ ***** SIGN** _____ **DATE**

Office Use Only
Registration Fee 2011-2012

\$50 _____ 1st Child	Cash _____	Amount Paid _____
\$38 _____ 2nd Child	Credit Card _____	Date Paid _____
\$38 _____ 3rd Child	Check # _____	Staff Initials _____