



**GYMNAST REGISTRATION  
AND INFORMATION FORM**



**GYMNAST** \_\_\_\_\_  
NAME AGE SEX

**CLASS DAY(S)** \_\_\_\_\_ **TIME(S)** \_\_\_\_\_

**HOME/CELL PHONE** \_\_\_\_\_ **BIRTHDAY** \_\_\_\_\_

**E-MAIL (OPTIONAL)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF AN EMERGENCY, NOTIFY:**

\_\_\_\_\_  
PARENT(S) NAME PHONE #S  
\_\_\_\_\_  
RELATIVE OR FRIEND PHONE #S

**STATE ANY PHYSICAL OR EMOTIONAL LIMITATION  
YOUR CHILD MAY HAVE:**

\_\_\_\_\_

MY SON / DAUGHTER HAVE MY PERMISSION TO PARTICIPATE IN THE PIONEER GYMNASTICS PROGRAM. I FURTHER RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS PIONEER GYMNASTICS AND IT'S STAFF OF ANY BODILY INJURY OR DEATH AND ANY OTHER TYPE OF EMERGENCY THAT MAY OCCUR TO MY DAUGHTER / SON DURING HIS / HER PARTICIPATION AT PIONEER GYMNASTICS.

**I HAVE COMPLETELY READ AND AGREE TO ALL OF THE INFO WRITTEN ABOVE**

\_\_\_\_\_  
PARENT / GUARDIAN DATE