



**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