

MID OHIO GYMNASTICS

REGISTRATION FORM

Student's Name _____ Age _____ Birthdate _____ Grade _____
Student's Name _____ Age _____ Birthdate _____ Grade _____
Mother's Name _____ Father's Name _____
Home Address _____ City _____ Zip+4 _____
Home Phone _____ Cell Phone _____
Emergency Name _____ Emergency Phone _____
Email Address _____

We the parents of _____ fully understand the risks involved in gymnastics and dance training and will not hold Mid Ohio Gymnastics responsible in the event of accident or injury. I give permission for Mid Ohio Gymnastics staff to seek medical assistance for my child if efforts to contact me first are unsuccessful.

Please list any physical limitation. _____

Hospital _____ Physician _____

I realize that it is my responsibility to notify Mid Ohio Gymnastics staff if my child will not be continuing into the next session. Failure to notify Mid Ohio Gymnastics in writing will result in my being billed for 2 classes.

Signature of Parent or Guardian _____

*** THIS PORTION TO BE COMPLETED BY MID OHIO GYMNASTICS STAFF ***

Name: _____ Class: _____
(First) (Last) (Day) (Time)

Name: _____ Class: _____
(First) (Last) (Day) (Time)

SESSION #1

AMT. _____
DATE _____
CK. _____

SESSION #3

AMT. _____
DATE _____
CK. _____

SESSION #5

AMT. _____
DATE _____
CK. _____

SESSION #2

AMT. _____
DATE _____
CK. _____

SESSION #4

AMT. _____
DATE _____
CK. _____

SESSION #6

AMT. _____
DATE _____
CK. _____