

Date: \_\_\_\_\_



402 Olympia Dr  
Bloomington, IL 61704  
309.663.8413  
gymetc.com

## Gymnastics Etc. Registration Form

First Child's First Name: _____ Last Name: _____ Date of Birth: _____ M / F Age: ____ Class Name: _____ Class Day: _____ Class Time: _____
Second Child's First name: _____ Last Name: _____ Date of Birth: _____ M / F Age: ____ Class Name: _____ Class Day: _____ Class Time: _____
Third Child's First name: _____ Last Name: _____ Date of Birth: _____ M / F Age: ____ Class Name: _____ Class Day: _____ Class Time: _____

Address _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Mom Cell: _____ Dad Cell: _____ Parents First Names: _____ Last Name: _____ Email: _____
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Does your child have any limitations or disabilities or allergies that the Gymnastics Etc. staff should be aware of? Yes / No

If so, explain: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Complete reverse side



**Registration Fee must be current in order to register**

I understand that the monthly fee is due during the first week of each new four week session. There will be a \$10 late fee, per child, assessed if payment is not received by the second week of the session. Calendars are handed out to the kids for each new term. You may also pick up a calendar at any time from the office worker. No refunds will be given for absences on the part of the student or if the classes are canceled due to weather. We do offer make up classes for any classes missed. You must notify us in advance of the absence in order to make that class up. All make ups must be scheduled with the office worker and should be done in the same session as the missed class. Please notify us if you would like to discontinue your enrollment.

Release

As legal Guardian of the child registered on this form, I hereby consent for him/her to participate in the activities and/or gymnastics classes conducted by Gymnastics Etc. I understand that participation in the programs at Gymnastics Etc. involves motion, rotations, and height in a unique environment and as such, carries with it a reasonable assumption of risk. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion. I hereby forever release Gymnastics Etc. officers, directors and employees from all liability for any and all damages and injuries resulting from activities and/or gymnastics classes. I also give my consent for Gymnastics Etc. to provide medical services as warranted in the course of my child's participation. This acknowledgment of risk, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Legal Guardian's Name (Please print) \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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