



Date: _____ **Session #** _____
CLASS REGISTRATION FORM

451 Defense Highway Annapolis, MD 21401 Phone (410) 224-0721 Email: Firstclassgym@aol.com

Child's Name	Last	First	Gender	(F)	(M)	Age
Child's Name	Last	First	Gender	(F)	(M)	Age
Parent's Name	Last	First				
Address	City		State	Zip		
Telephone(Home)	Email Address:					
Telephone Mother (Cell & Work)	Father (Cell & Work)					
EMERGENCY #	Alternate					
Notes/Allergies/Medical						
Date of Last Physical Exam(s)	Date of Tetanus		School(s) Attending			

Acknowledgement of Risk and Waiver of Liability and Permission to Treat

I hereby give permission for my child/children to participate in classes/events conducted at 1st Class Gymnastics, Inc. I understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury or accident, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted. The enrolled child/children is/are capable of participating in the sport of gymnastics and have had a physical within the last (12) twelve months. Any activity involving motion, tumbling, height, swinging, etc... involves the possibility of serious, permanent or fatal injury. I understand the risks of participating in the sport of gymnastics and Therefore, in consideration for allowing my child/children to use the 1st Class Gymnastics Training Center's equipment and facilities, I hereby forever release 1st Class Gymnastics, Inc., it's owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child/children while under the instruction, supervision or control of 1st Class Gymnastics, Inc., it's owners, officers, employees, teachers, coaches and booster club. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

 Date Printed Name of Parent or Legal Guardian Signature of Parent or Legal Guardian

Class Selection

Class 1: _____
 Description Day Time

Class 2: _____
 Description Day Time

Payments:

\$ _____	\$ _____	\$ _____	\$ _____
Class/Classes	Registration Fee	Applicable Discounts*	Total Due

OFFICE USE ONLY: Payment Method _____ Check # _____

Dress Code: Children should wear gym attire, no baggy clothing and girls should wear their hair back. **10 % Discounts for siblings. Payments must be made at registration. No refunds or credits.**