

# MIDCOAST GYMNASTICS

Name of child \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_

Parents names \_\_\_\_\_

Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_ Emergency \_\_\_\_\_

Email \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Medical conditions \_\_\_\_\_

	Paid	Balance due	Date
FOR OFFICE USE	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
Team month	9 _____ 10 _____ 11 _____ 12 _____	1 _____ 2 _____ 3 _____	4 _____ 5 _____ 6 _____

Midcoast Gymnastics provides secondary accident insurance covering injury occurring while in class. The registration requires a parent to sign this release and consent statement: in consideration of benefits to be derived from the program of Midcoast Gymnastics, I hereby release and discharge Midcoast Gymnastics and its ownership all claims, demands, damages and liability whatsoever that arise from my child's participation in the program referred to herein.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_