

GymCats Gymnastics Academy Registration and Liability Release

Parent/Guardian Information:

Parent			Hoi	me		Cell						_
Address			City			State		Zip_				_
Email												_
Emergency Contact Name						Phone						
Please fill out one line for every student that any. Also, list any special conditions of any ki circle the shirt size for each student.	is participati		are any	physic	cal problems o							
Name :	Age:	DOB:	/	_/	Sex:	Shirt Size:	YS YN	l YL	S	M L	XL	2XL
Medical Conditions/ Allergies:												
Name :	Age:	DOB:		_/	Sex:	Shirt Size:	YS YIV	ı YL	S	M L	XL	2XL
Medical Conditions/ Allergies:												
Name :	Age:	DOB:		_/	Sex:	Shirt Size:	YS YM	YL	S	M L	XL	2XL
Medical Conditions/ Allergies:												
Name :	Age:	DOB:	/	_/	Sex:	Shirt Size:	YS YM	YL	S	M L	XL	2XL
Medical Conditions/ Allergies:												
* ASSU I recognize that severe injuries, including par these dangers, I hereby give consent for my o associated with any activities or participation	alysis or death	th, can occur	in sport	s or a		ing height or m						of
In consideration for my child(ren)'s participat TO SUE and FOREVER RELEASE Brandee Grot Academy from all liability resulting in damage negligence.	house and G	ymCats Gymr	nastics A	cader	ny and any co	aches that wor	k at Gy	mCat	ts Gy	mna		NOT
I have read and understand this ASSUMPTIOI	N OF RISK an	d WAIVER OF	LIABILI	TY and	d I VOLUNTAR	ILY affix my nar	ne in a	greei	ment	:.		
Parent/Legal Guardian Signature:						Date	:					