

Monday, August 29th, 2011 through Saturday, September 1st, 2012

10700 World Trade Blvd, Suite 113
 Raleigh, NC 27617
 572-5320 (Phone)
wakegymnastics@yahoo.com



Date Enrolled:

GEM Gymnast:
 Yes / No

Last Name		Parent/Guardian Name(s)	
Preferred Phone #		Phone 1	Phone 2
Home Address, City, State, Zip			
Email Address		School	
Emergency Contact & Relationship		Emergency Phone	
How did you hear about WAKE Gymnastics?			

1st Child		
Date of Birth	Age	
Medical Information		
Class:		
Day:		
Time:		
Reg	Tuition	Initials
35		

2nd Child		
Date of Birth	Age	
Medical Information		
Class:		
Day:		
Time:		
Reg	Tuition	Initials
25		

3rd Child		
Date of Birth	Age	
Medical Information		
Class:		
Day:		
Time:		
Reg	Tuition	Initials
15		

I understand that gymnastics is in itself inherently dangerous and carries the risk of catastrophic injury. The above named student(s) has/have had a medical examination within the last twelve months and is/are capable of participating in the sport of gymnastics. In the event of injury or illness, every effort will be made to contact the parent/guardian. If necessary, I authorize WAKE Gymnastics to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child(ren)'s participation at WAKE Gymnastics. I hereby, for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against WAKE Gymnastics, their agents or representatives; for any injury or damage that may be suffered by me, my child adopted or otherwise, in connection with my association or entry in gymnastics or any other activities sponsored by WAKE Gymnastics. I understand that there is a NO REFUND policy and a \$35 charge for returned checks.

Rev. 04/11

Parent/Guardian Signature: _____

Date: _____

