



LAUREL GYMNASTICS & CHEER REGISTRATION FORM

Student	First _____ Last _____ Birth Day _____ Cell Phone _____ Home Phone _____ Email _____
Father	First _____ Last _____ Cell Phone _____ Home Phone _____ Email _____ Employer _____ Work Phone _____
Mother	First _____ Last _____ Cell Phone _____ Home Phone _____ Email _____ Employer _____ Work Phone _____
Billing	Address _____ City _____ State _____ Zip _____ Note: If the student is under eighteen years of age, a parent is required to register the student. By signing this form, the parent accepts all financial obligations for their child.
Emergency	If no one can be contacted at the above numbers, we will call: Name _____ Relation _____ Phone _____
Insurance	Do you have general medical insurance that will cover this activity? Yes _____ No _____ Insurance company name: _____ Policy Number _____ Describe any medical or learning problems that we should be aware of (including all known allergies). _____
Policies	I have received information explaining LGC's: (1) payment schedule, (2) payment policy, (3) attendance policy, and (4) make-up policy. I understand that service charges apply for payments made after the 10th of each month. I understand that active status is maintained until the billing contact requests to go inactive. I understand that if I wish to discontinue service, it is my responsibility to request inactivity from LGC and settle any outstanding amount due. I understand that any disputes must be made within 90 days after going inactive. All balances not paid within 90 days are subject to be turned over to collections.
Squads	By signing this form, I give Laurel Gymnastics and Cheer permission to give my child's sponsor any information on my account if I am delinquent. I also agree to allow any information to be given to my school for collection purposes if necessary. I realize that if my child is considered an active member of this cheerleader squad, I am required to pay for the months my squad comes, unless injury occurs. The date the squad ceases to attend class will be determined by the sponsor.
Waiver	Employees of Laurel Gymnastics and Cheer follow safety procedures. However, I understand gymnastics does involve risk. I hereby give my consent for LGC to provide through South Central Regional Medical Center, emergency medical services if needed in the course of my child's activities at LGC. I am fully aware of the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics, I hereby for myself, my child, my heirs, and executors, waive and release any and all rights and claims for damages that I might have at any time against Laurel Gymnastics and Cheer. I have read, understand, and agree to abide the above statement and all rules and policies. I also understand that I must have this form notarized if not signed in the presence of an LGC employee. Parent's signature _____ Date _____ LGC staff signature _____ Date _____
Office Use	Class / Semi / Private _____ Day _____ Time _____ Start Date _____ Month _____ Amt of Lessons Owed for _____ Reg _____ Instructor _____ Semi with _____ Sibling _____