



LAUREL GYMNASTICS & CHEER REGISTRATION FORM

Student	First	Last		
	Phone Number	Birth Day		
Father	First	Last		
	Phone Number			
Mother	Employer	Work Phone		
	First	Last		
	Phone Number			
	Employer	Work Phone		
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?			
	Name of Insurance Provider:			
	Describe any medical or learning problems that we should be aware of (including all known Allergies).			
Payment & Attendance Policy	<p>I have received information explaining LGC's payment and attendance 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.</p>			
Waiver & Billing	<p>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.</p> <p>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.</p>			
	Signature		Date	
	LGC staff signature		Date	
	Name (please print)			
	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.			
	Office Use	Class / Semi / Private		Day
				Time
		Start Date	Month	Amt of Lessons Owed for
				Reg
Instructor		Semi with	Sibling	
	billed date/initials		info complete date/initials	