LAUREL GYMNASTICS & CHEER
REGISTRATION FORM

Student	First	Last
	Phone Number	Birth Day
Father	First	Last
	Phone Number	
	Employer	Work Phone
Mother	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	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.	
Waiver & Billing	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.	
	Signature	Date
	Name (please print)	
	Address	
	City	State Zip
	LGC staff signature	Date
	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