Trial Class Registration Form

Child's Name _____

Street _____

City _____ Zip _____

Age ____ Sex __ Date of Birth ___/___/_____

Parent's Cell _____

Name of Class _____

Day of Class _____ Time of Class ____:____

Does your child have any limitations or disabilities that Virginia International Gymnastics Schools Inc. staff should be aware of? No ___ Yes ___

Explain_____

Parent's Consent and Release

As legal guardian of the child registered on this form, I hereby consent for him/her to participate in gymnastic classes conducted by Virginia International Gymnastics Schools Inc. I recognize that any activity involving height or motion can create the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. I hereby forever release Virginia International Gymnastics Schools Inc., Virginia International gymnastics Schools Inc. officers, directors, and employees from all liability for any and all damages and injuries suffered or contracted with gymnastics or tumbling classes.

Legal Guardian - Please Sign Below

_____

CAUTION: ANY ACTIVITY INVOLVING HEIGHT OR MOTION CREATES THE POSSIBILITY OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS AND EVEN DEATH FROM LANDING OR FALLING ON THE HEAD OR NECK.

VIRGINIA INTERNATIONAL GYMNASTICS Since 1988

VIRGINIA INTERNATIONAL
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