

# Virginia International Gymnastics Schools, Inc.

2400 Oak Lake Blvd., Midlothian, VA 23112

804-276-7039

## \*Home School\* New Student Registration Form

**Student's Name:** \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

Term: \_\_\_\_ Day of Class: \_\_\_\_\_ Time: \_\_\_\_\_

Class Fee: \$\_\_\_\_.\_\_\_\_ Registration Fee: \$\_\_\_\_.\_\_\_\_ Total Paid: \$\_\_\_\_.\_\_\_\_

**Parent's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

**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.**

### Parent's Consent and Release

As legal guardian of the child registered on this form, I hereby consent for him/her to participate in gymnastics 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 cheerleading classes.

Does your child have any limitations or disabilities that Virginia International Gymnastics Schools Inc. staff should be aware of?

NO \_\_\_\_ YES \_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian's Signature

*Office Use Only:* Date \_\_\_\_\_ Payment \_\_\_\_\_ CC# \_\_\_\_\_ Check # \_\_\_\_\_ OC \_\_\_\_ OR \_\_\_\_