

OPEN GYM FAMILY REGISTRATION FORM

2015

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email \_\_\_\_\_

Home Phone: (414/ 262) \_\_\_\_\_ Emergency Contact \_\_\_\_\_ #(414/ 262) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work # (\_\_\_\_) - \_\_\_\_\_ Father's Name: \_\_\_\_\_ Work # (\_\_\_\_) - \_\_\_\_\_

How did you hear about us? (Name, Ad, Yellow Pages) \_\_\_\_\_

Childs Name	Birthdate	Male	Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes \_\_\_\_\_ No \_\_\_\_\_

Any Medical Problems? \_\_\_\_\_

I understand that participation in gymnastics involves risk and possible injury. I understand and agree that M & M and their staff will assume no responsibility for medical expenses incurred by my son or daughter as a result of injury at this facility. My child has no physical, mental or emotional problems that would interfere with participation in this program.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

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