



# WAWASEE GYMNASTICS CLUB



**\* Purpose is to promote gymnastics in the area**

Child's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Class location: \_\_\_\_\_

Circle class level:

Beginners

Adv. Beginners

Intermediate/Advanced

Preschool Time: \_\_\_\_\_

AAU Membership: Previous Member \_\_\_\_\_ New Member: \_\_\_\_\_

## WARNING OF RISK TO PARTICIPANT & INSURANCE

As a parent or legal guardian, I give my consent for the above named child to participate in the Wawasee Gymnastics Club classes and activities.

The Wawasee Gymnastics Club is not responsible for providing medical accident injury insurance on students. Parents are advised to provide adequate accident and medical insurance for the children enrolled in Wawasee Gymnastics Club classes. Wawasee Gymnastics Club shall not be held responsible for treatment or losses due to participation in activities before, during and after classes or due to activity connected to the club.

Please be advised that any activity involving motion or height creates the possibility of accidental injury. Parents and participants should be aware that injury is possible in connection with this or any athletic activity.

Parents assume all responsibility for any injury due to participation in the activity.

I give permission to use photographs and/or videotape of participant for promotional purpose in brochure, flyers and website.

\_\_\_\_\_  
Parent or guardian signature and date

[www.wawaseegymnasticsclub.com](http://www.wawaseegymnasticsclub.com) or Facebook