

GOLDEN GYMNASTICS
12580 W Cedar Dr. Lakewood, CO 80228 (303) 980-5842

REGISTRATION FORM

GYMNAST NAME: _____

HOME PHONE: _____ CELL# _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FATHER'S NAME: _____ CELL PHONE: _____

PLACE OF WORK: _____ WORK PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

PLACE OF WORK: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT (other than parent): _____ PH: _____

SCHOOL CHILD ATTENDS: _____

HOW DID YOU HEAR ABOUT GOLDEN GYMNASTICS: _____

PHYSICAL LIMITATIONS: _____

I parent/legal guardian of _____ approve and give permission for him/her, who is in good health to participate in the gymnastics program of Golden Gymnastics. I also understand that catastrophic injury can occur in the sport of gymnastics. I agree that Golden Gymnastics including its owners, officers, staff, sponsors, and all agents shall not be responsible for any costs or claims associated with any injuries sustained during club sponsored activities of Golden Gymnastics.

I have read the club regulations, understand them, and will accept them in full. I have also received a copy of these regulations for my own records. Any health problems my child has are listed on this form. I give my consent for emergency treatment to be given to my son/daughter in my absence and to arrange ambulance transfer if necessary.

CAUTION:

Any activity involving motion or height may cause catastrophic accidental injury. Before mounting apparatus, make sure it is properly adjusted and secured and that sufficient mats, appropriate to the exercise are in position. When attempting new skills use a qualified spotter. Dismounts from apparatus require proper landing techniques. Do not land on head or neck, as catastrophic injury may result. If in doubt, always consult your instructor. Any skill involving inversion of the body could be dangerous and could cause catastrophic head/neck injury or even death.

Date

Parent or Guardian Signature

FOR OFFICE USE ONLY:

R&I: _____

FEE: _____

DISC: _____

TOTAL: _____

PAID: _____

BALANCE: _____

Payment for Trial Class: _____ CK Cash

CLASS: _____

INSTRUCTOR: _____

METHOD OF PAYMENT (CK#): _____