DATE:_____ STAFF INITIAL_____

Yellow Jackets Gymnastics

Registration Form

(Please fill out completely and print legibly)

CHILDS NAME:_____ DATE OF BIRTH:_____

MALE_____ FEMALE_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIPCODE:**_____

FIRST PARENTS NAME:_____ **HOME PHONE:**_____

SECOND PARENTS NAME:_____

FIRST PARENTS CELL #_____**SECOND PARENTS CELL #**_____

EMAIL:_____

CLASS DAY:_____**CLASS TIME:**_____**CLASS TYPE:**_____

ADDITIONAL CLASS DAY:_____**CLASS TIME:**_____**CLASS TYPE:**_____

Acknowledgment of Risk and Waiver of Liability

As parent or legal guardian of _____***(Child's name)***

I hereby give permission for my child to participate in programs at Yellow Jackets Gymnastics. I recognize that all classes held at Yellow Jackets Gymnastics involve inherent risks. I (parent/guardian) understand that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion. I agree to waive all claims of liability, loss, cost, damage, and personal injury which may occur while under the instruction, supervision, or control of Yellow Jackets. In the case of an emergency where parent/guardian cannot be reached, I hereby give authorization to Yellow Jackets Gymnastics, its employees and the treating medical personnel to obtain or provide whatever medical treatment is deemed necessary for the immediate welfare of my MINOR CHILD as named above. I authorize that Yellow Jackets Gymnastics has the right to use all photographs or video of me or my child for advertising or promotional material.

Signature_____ ***Date***_____

PRICING: 45 MINUTE CLASS $260 - 1 HR CLASS $273 – 1 ½ HR CLASS $364 (13 WEEKS)

AMOUNT ENCLOSED:_____

PAYMENT METHOD Amex_____ Discover_____ Master Card_____ Visa_____ Cash_____ Check_____

Credit Card Number

Expiration Date

_____ / _____

Name (as it appears on card): Print_____ Signature_____ Date_____

Please make checks payable to: Yellow Jackets Gymnastics
Mail to: Yellow Jackets Gymnastics / 4B Lookout Lane / P.O. Box 496 / Middleton, Ma. 01949
Fax to: 978-739-9037 **Registration Phone Number** – 978-774-7840 Aug 2013