

B. G. GYMNASTICS CORP.
108 FIFTH STREET
MONESSEN, PA 15062

REGISTRATION FORM

STUDENT NAME _____ PHONE _____
ADDRESS _____ BIRTH DATE _____
CITY AND ZIP _____ AGE _____
MOTHER'S NAME _____ CELL PHONE _____
FATHER'S NAME _____ CELL PHONE _____
EMAIL ADDRESS _____

Have you been to B.G.'S before? _____ **Yes** _____ **No**

If not, how did you hear about B.G.'s _____

HAS STUDENT HAD A PHYSICAL EXAM IN LAST 6 MONTHS? _____ **YES** _____ **NO**

PLEASE LIST ANY PHYSICAL PROBLEMS OF WHICH WE SHOULD BE MADE AWARE

WAIVER

I recognize that gymnastics is an activity that involves height and motion. When height and motion are combined, there is a possibility of injury. B.G.'s Instructors follow recommended safety standards of instruction. I agree to withhold B.G.'s, its owners and employees of any responsibility for an injury incurred by my child (children) or myself while participating in or viewing the gymnastics program. In the event of injury, illness, treatment, hospitalization or surgery, your family medical insurance must be used.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

RECEIPT # _____

CLASS _____