



PARK AVENUE GYMNASTICS OF WESTON, INC. 2016 REGISTRATION FORM

Reg. Fee: \$	_____
Class Fee: \$	_____
Total Fee:	_____
CK #	_____
CASH #	_____
CC #	_____

First Name _____ Last Name _____

Please Circle: Are you a..... Parent/Guardian Participant

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

1st Child

Name _____ Birth Date _____ Sex _____

Class _____ Level _____ Days _____ Times _____

2nd Child

Name _____ Birth Date _____ Sex _____

Class _____ Level _____ Days _____ Times _____

3rd Child

Name _____ Birth Date _____ Sex _____

Class _____ Level _____ Days _____ Times _____

Participation Waiver & Release

I, _____, am fully aware of and appreciate the risks, including the risk of serious injury, associated with participation in Gymnastics, Cheerleading, Dance, Ninja Kidz, or Parkour.

In consideration for allowing me or my child/children to participate at Park Avenue Gymnastic of Weston, Inc., I agree that Park Avenue Gymnastics of Weston, Inc., its employees, agents, officers and directors shall not be liable for any losses, injury or damages occurring as a result of my or my child's/children's participation at Park Avenue Gymnastics of Weston, Inc.

<u>Media Release:</u> I give Park Avenue Gymnastics permission to use my or my child's photo for advertising purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Parent or Guardian _____ Date _____	
Print Name of Parent or Guardian _____	
How did you hear about us? _____	
Please let us know if there are any special needs or considerations that we should know about child? _____	
Referred by: _____	Date: _____
Sign me up for Session Autopay _____ Initials	

