



9200 Gaither Rd Gaithersburg, MD 20877
301.987.7060 / 301.987.8920 FAX

STUDENT REGISTRATION CARD

Please print clearly

(Student Last Name)		(Student First Name)		(Date of Birth)	
(Parents' Name)				(Student's School)	
(Street Address)				(Apt)	
(City)				(State)	(Zip)
(Email Contact)					
Home Phone:			Cell Phone:		
<i>In case of Emergency during your child's class, who should we call?</i>					
1 st Emergency Contact			(phone)		
2 nd Emergency Contact			(phone)		

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

please initial each paragraph, sign and date the bottom of the form

Children with special medical, physical, mental, social or behavioral needs require Gym Director's approval prior to registration. Tuition is non-refundable for students whose undeclared special needs cannot be met and who are excused from class on discovery. Are there ANY such conditions or needs of which we should be aware before accepting your registration?

_____ None or Detail Specifics _____

I, (Name), hereby give permission for my child to participate in gymnastic classes, camps, open gyms, cheerleading, team, show troupe and special programs offered at Freestate Gymnastics, Inc. I will support and abide by the gym rules and policies.

(Initial) It is understood students are expected to carry their own accident and medical insurances. In the event of an injury or illness, every effort will be made to contact the parent or guardian. I authorize medical treatment if it is deemed necessary by Freestate Gymnastics, Inc. staff. The enrolled athlete has had a medical examination in the last twelve (12) months and is capable of participating in the activity of gymnastics. Freestate Gymnastics, Inc., it's owners, directors, and agents are hereby expressly released from any and all liability of every kind or nature to the gymnast, athlete, student and/or their parents or legal guardians participating in this program.

(Initial) I understand that any activity involving motion, height, tumbling, climbing, swinging, bouncing, etc. can cause serious, permanent and even fatal injury. I understand and assume the risks involved with these activities.

(Initial) I understand that there are NO REFUNDS OR CREDITS allowed and that there is a \$25.00 fee for all returned checks, declined charges and late payments.

Signed: _____
(Signature of Parent or Guardian) (Date)