

**AMERICAN EAGLES GYMNASTICS STUDENT REGISTRATION FORM**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home address/street/city/st./zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Past Gymnastics experience: \_\_\_\_\_

Does your child have any special medical considerations or limitations that our Instructors should be aware of? \_\_\_\_\_y/n, If **yes** explain below:

\_\_\_\_\_

Please tell us how you first heard of American Eagles Gym? If a friend mentioned our program, please share their name: \_\_\_\_\_

If this is a "mail in" registration, please specifically list your desired class choice, level, day and time! **We need an actual signature**, so please sign before mailing or bring it to the gym. Because of this, **we cannot except email registrations**.

\*\*\*Assume that your registration for that class has been accepted unless otherwise notified\*\*\*

\*\*\*\*\*

**\*\*On above line state your child's name, specific class level, day and time along with your 2nd choice of day and time**

**Waiver of Liability**

Any activity involving height or elevated motion incurs the possibility of accidental injury. While it is our express intention at American Eagles Gymnastics, Inc. to provide for the safety and protection of your child, it is expressly asserted that American Eagles Gymnastics Inc. shall not be held liable for any injury sustained while your child is under our instruction, supervision, or control. The parents of \_\_\_\_\_ hereby agree to individually protect the possible future medical expense incurred as a result of any injury sustained while training or performing at or for American Eagles Gymnastics, Inc.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_