

Techniques Gymnastics

Registration/ Wavier Form

Child' Name _____

Address _____

Home Phone # _____

Emergency Contact Name _____

Emergency Contact Number _____

Work Phone # _____

Cell Phone # _____

Child's Age _____ DOB _____

Insurance Company _____

I, _____ as Guardian to _____
allow him/her to enroll in gymnastics, cheerleading or karate
classes taught by Angel Vaccaro, Aja Mchale, Danielle Harris, or
Jennifer Hoyt. I agree that I am assuming all risks of injury that
might result. I also agree to relinquish any rights that I might
otherwise have to file suit against Techniques Gymnastics, Angel
Vaccaro or any employees for injuries that may occur as a result of
these activities. If _____ has any medical and/or
physical condition that may influence his/her ability to participate in
gymnastics and /or cheerleading; it is my responsibility to acquire a
physician's release describing any limitations regarding this
program.

Print Child's Name _____

Print Parent /Guardian Name _____

Signature of Parent/Guardian _____