World Class Gymnastics Registration Form

Child's Name: _____ ☐ Male ☐ Female Birth Date: _____

Parent's Name: _____ Former WCGA student? ☐ Yes ☐ No

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Email: _____

Mom cell: _____ Mom work: _____

Dad cell: _____ Dad work: _____

Emergency Contact *(other than parent)*

Name: _____ Phone Number: _____

List any special problems (health or physical) that your child may have that the coach should know about:

Class Type: _____ Day: _____

Time: _____ Session: _____

Fee $_____ plus a one time non-refundable registration fee of _____ is good through 6/12.

Waiver and release:

I am fully aware of and appreciate the risks including the risk of catastrophic injury, paralysis and even death as well as other damages and losses associated with the participation in gymnastics activities and events. I also read and completely understand the posted gym rules and policies.

Signature: _____ Date: _____

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