



# Registration Form 2007-2008

Rev. 4/3/2008

21586 Atlantic Blvd #130, Sterling, VA 20166 Tel: 703-444-9298 Fax: 703-444-4791

## Responsible Party

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### Payment Information:

Session: \_\_\_\_\_ Start Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Reg. Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Discount? Reason: \_\_\_\_\_

Cash  Charge  Check # \_\_\_\_\_

## Student Information

Student's Name First and Last \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Issues/ Allergies \_\_\_\_\_ School \_\_\_\_\_

Last Physical \_\_\_\_\_ Results \_\_\_\_\_ Purpose of training \_\_\_\_\_

### Class Selection

Class Name	Day	Time
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

Notes: \_\_\_\_\_

\*As legal guardian of the names listed above, I hereby consent to the aforementioned person(s) participating in Loudoun Gymnastics Center programs. Including but not limited to dance, gymnastics and related activities including tumbling and trampoline. I recognize that potentially severe injuries and or death may occur in any activity involving height or motion. I understand that it is the expressed intent of Loudoun Gymnastics Center to provide for, with the best of their ability, the safety and protection of my child and in consideration, for allowing my child to use these facilities. I hereby forever release Loudoun Gymnastics Center, its officers, directors, employees, agents, teachers, and other staff persons from all liability for any and all damages and injuries, while under the instruction, supervision, or control of Loudoun Gymnastics Center, or its employees. As legal guardian of the aforementioned person(s), I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Loudoun Gymnastics Center.

I hereby grant the Loudoun Gymnastics Center permission to photographs of the person(s) listed above in any and all of its publications, including website entries, without payment or any other consideration.

I hereby irrevocably authorize the Loudoun Gymnastics Center to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Loudoun Gymnastics Center's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

This acknowledgement of risk and waiver liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. Please be aware that LGC has a No Refund Policy.

Parent or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only:

Master Book  Coach's File  Daily Report  File at front