



**Gymnastics City**  
2121 Crompond Road  
Cortlandt Manor, NY 10567

GymnasticsCity.com  
(914) 734-1616

## REGISTRATION FORM

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

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

\_\_\_\_\_ Town State Zip Code

Home Phone # (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child #1 \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Name  
Male ( ) Female ( ) Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child #2 \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Name  
Male ( ) Female ( ) Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List any problems (health, physical) that your child may have that we should know about:

\_\_\_\_\_

I have read and understand all the rules and policies of Gymnastics City, Inc. and I am responsible for all the Tuition. A \$55 non-refundable Registration Fee must accompany this form.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

\*\*\*\*\*  
Office Use Only: DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ CASH OR CHECK# \_\_\_\_\_ COMPUTER \_\_\_\_\_ SHEETS \_\_\_\_\_  
NOTES:



## GYMNASTICS CITY

2121 Crompond Road Cortlandt Manor, New York 10567

### GYMNASTICS CITY WAIVER AND RELEASE FORM

I fully understand that the Gymnastics City staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics City staff members to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gymnastics City staff members to seek medical help, or call a doctor, including transportation by a Gymnastics City staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Gymnastics City staff deem this to be necessary.

**Child #1's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Child#2's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

We, the staff of Gymnastics City recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. I also understand that it is the parents' responsibility to warn the child about the dangers and injury. The parent should warn the child according to what the parent feels is appropriate. Gymnastics City will only warn the child through safety messages, and our teaching style and progressions. Gymnastics City, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, cheerleading, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from any event.

With the above in mind, I am fully aware of and appreciate the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in Gymnastics, Tumbling, and Cheerleading activities and events.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any activities at Gymnastics City.

**Parent or Guardian Signature:** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

