

Year: _____ **BIRON GYMNASTICS, INC. CLASS REGISTRATION FORM**

Mom's Name: _____	Cell# _____	Work# _____
Dad's Name: _____	Cell# _____	Work# _____
Home Address: _____	City _____	Zip _____
Home Phone: _____	Email _____	

1st Child

Name: _____ Sex _____ DOB _____ Medical Alert _____

Has this child ever been enrolled at Biron Gymnastics before? ___ No ___ Yes ___ Aprox date: _____

(Below for Office Use Only)

FALL

Class _____

Day _____

Time _____

SPRING

Class _____

Day _____

Time _____

SUMMER

Class _____

Day _____

Time _____

2nd Child

Name: _____ Sex _____ DOB _____ Medical Alert _____

Has this child ever been enrolled at Biron Gymnastics before? ___ No ___ Yes ___ Aprox date: _____

(Below for Office Use Only)

FALL

Class _____

Day _____

Time _____

SPRING

Class _____

Day _____

Time _____

SUMMER

Class _____

Day _____

Time _____

Class Authorization

Having been informed of the activities to be conducted by Biron Gymnastics in the program(s) in which I am enrolling the named Participant (s); including but not limited to balance beam, parallel and uneven parallel bars, rings, vaulting, trampoline, tumbling, swimming, diving and field trips, I parent or guardian of the participant, give my approval of this (parties) participants in any and all activities of the program. I am aware that any athletic activity involving height and motion, such as gymnastics, exercise, swimming, water sports, dance, and similar athletic programs involves a risk of accidental injury, despite all safety precautions. I have informed Biron Gymnastics Inc., of all limitations on the activities in which my participant is permitted to engage as well as any physical or medical problems involving my participant. I assume all risks and hazards incidental to program, including transportation to and from these activities. I further release from responsibility and agree to indemnify and hold harmless Biron Gymnastics, Inc. its owners, coaches, and employees from any illness or injury of the party (ies) occurred during the program.

Biron Gymnastics reserves the right to limit any child to skills that can be safely performed according to his/her body weight, strength, and level of experience. Biron Gymnastics reserves the right to remove from class (es) any student whose conduct or actions are dangerous to himself or others involved in the program. I also authorize photos and/or videos of my child at Biron gymnastics to be used for promotional and advertising purposes only.

I have read and understand all of the above () YES

Parent or Legal Guardian _____ Date _____