

Registration Form



6810 Thrush Drive
Canal Winchester, Ohio
614-575-9557
www.cgagymnastics.com

Start Date: _____

Student/Family Information

(Child 1) First Name: _____ Last Name: _____ Sex: M F Age: _____ DOB: ____ - ____ - ____

(Child 2) First Name: _____ Last Name: _____ Sex: M F Age: _____ DOB: ____ - ____ - ____

(Child 3) First Name: _____ Last Name: _____ Sex: M F Age: _____ DOB: ____ - ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

Mom's Name: _____ Home: (____) _____ Cell: (____) _____ Email: _____

Dad's Name: _____ Home: (____) _____ Cell: (____) _____ Email: _____

Mom's Employer: _____ Work: (____) _____ Dad's Employer: _____ Work: (____) _____

Medical concerns/conditions we should be aware of: _____

Emergency Contact: _____ Phone: (____) _____ How did you hear about us? _____

Assumption of Risk • Waiver of Liability • Photo Release

As legal guardian of the above child(ren), I hereby consent to the aforementioned person(s) participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, cheerleading, trampolining, Ninja Zone and tumbling all carry a risk of physical injury. No matter how careful the student, and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced, yes, but never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my child(s) participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., the Columbus Gymnastics Academy, Inc. Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child(ren) engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while training at, for, or under the direction of Columbus Gymnastics Academy, Inc..

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I am aware that individual and group publicity photos and videos are taken and in consideration of my child(ren)'s participation, I hereby grant permission for my child(s) likeness to be used in Columbus Gymnastics Academy, Inc. publicity or advertising.

Parent/Legal Guardian Signature: _____ Date: _____

Enrollment/Payment Information

(Child 1) Class: _____ Day: ____ Time: _____ 2nd Choice: _____ Day: ____ Time: _____

(Child 2) Class: _____ Day: ____ Time: _____ 2nd Choice: _____ Day: ____ Time: _____

(Child 3) Class: _____ Day: ____ Time: _____ 2nd Choice: _____ Day: ____ Time: _____

Annual Registration Fees (Office Use Only)

(Child 1) Name: _____ Reg. Fee \$ _____ Session: _____ 20 _____ Cash CC Check# _____

(Child 2) Name: _____ Reg. Fee \$ _____ Session: _____ 20 _____ Cash CC Check# _____

(Child 3) Name: _____ Reg. Fee \$ _____ Session: _____ 20 _____ Cash CC Check# _____

(Office Use Only)

(Child 1) Tuition \$ _____ (Child 2) Tuition \$ _____ (Child 3) Tuition \$ _____

Tuition Total \$ _____ Discount type _____ Reg. Fee \$ _____ Total Due \$ _____

Date Paid: ____ - ____ - ____ Cash CC Check# _____ Receipt # _____

Session: _____ Child: _____ Class: _____ Day: M T W TH F S Time: _____
Tuition (Full Payment Required) \$ _____ Discount \$ _____ Reg. Fee Due \$ _____ Total Due \$ _____
Date Paid: ____ - ____ - ____ Cash CC Check# _____

Session: _____ Child: _____ Class: _____ Day: M T W TH F S Time: _____
Tuition (Full Payment Required) \$ _____ Discount \$ _____ Reg. Fee Due \$ _____ Total Due \$ _____
Date Paid: ____ - ____ - ____ Cash CC Check# _____

Session: _____ Child: _____ Class: _____ Day: M T W TH F S Time: _____
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