

Gymnastic Center of Hershey Class Registration

Child #1					Child #2								
Name				DOB			Name				DOB		
Class Title	(Circle one) TT1 TT2 TT3 L1 L2 L3			Age		Class Title	(Circle one) TT1 TT2 TT3 L1 L2 L3			Age			
1 st Choice	Day			Time		1 st Choice	Day			Time			
2 nd Choice	Day			Time		2 nd Choice	Day			Time			
Special Needs / Allergies					Special Needs / Allergies								
Father's Name					Mother's Name								
Work Phone					Cell Phone								
Home Address					Home Phone								
Relative or Close Friend's Name/Phone					Insurance Co								
Email Address													
\$30 or \$50 Registration Fee (circle one)		Chk#		Date Paid		Monthly Payment \$		Chk#		Total \$			

!!!! You will be charged a \$20 bank fee on any NSF check!!!!

*******You Will Be Notified ONLY If Your Class Is NOT Available*******

I hereby give permission for my child to participate in this program. I also give permission for any employee at Gymnastic Center of Hershey (GCH) to take the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to a hospital) and give permission for qualified physician and/or hospital/emergency room to administer care, if required. For and in consideration of the granting of permission for said student to participate in this program and the benefits derived there from, we hereby assume full responsibility for the knowledge of the many risks of injury which may be involved. We agree to hold all supervisors and instructors of The Gymnastic Center of Hershey, Inc. program harmless from all claims to arise from any injury that may occur to said student by reason of said student's negligent participation in the above program. The risks involved in respect to such a program are fully understood.

Parent's signature: _____ Date: _____

Gymnastic Center of Hershey PO Box 583 Hershey PA 17033 (717)534-1881

I WAIVE ANY RIGHTS TO SUE GYMNAS TIC CENTER OF HERSHEY