



ENROLLMENT FORM 2011-2012

Check to Enroll for:

Preschool Gymnastics Tumbling Trampoline Dance

Check if you have a change of address

For Office Use Only	
Cash \$ _____	Paid \$ _____
Check \$ _____	Owe\$ _____
Check # _____	

Student Information

Student #1 _____ Sex M F D.O.B. ____ / ____ / ____

Class - 1st Choice: Day _____ Time _____ 2nd Choice: Day _____ Time _____

Student #2 _____ Sex M F D.O.B. ____ / ____ / ____

Class - 1st Choice: Day _____ Time _____ 2nd Choice: Day _____ Time _____

Describe any special needs your child may have: _____

Parent/Guardian's Name: _____ Phone No. _____

Address _____

City _____ State _____ Zip Code _____ Business / Emergency Tel. No. _____

CONSENT, RELEASE AND INDEMNITY:

I, _____, parent/guardian of _____, and _____ give permission for said son(s)/daughter(s)' participation in the class program at the Winger's Gymnastics School, Inc. I understand that gymnastics is a sport that involves height and rotation of the body, **therefore, there are inherent risks involved.** I attest to my son(s)/daughter(s)' sound health of mind and body and I authorize the Winger's Gymnastics School, Inc. to seek medical treatment at the nearest medical facility in case of emergency. I hereby release, discharge, covenant not to sue, and agree to indemnify Winger's Gymnastics School, Inc., its officers, agents, directors, and employees ("releasees") and save and hold harmless each of the releases from all liability. **Furthermore, I have read and understand the rules and policies. I understand I am assuming all risks inherent in gymnastics.**

Parent/Guardian Signature _____ Date _____

***Registration Fee must be included with Enrollment Form.**

