

Greater Buffalo Gymnastics & Fitness Center, LLC.

buffalogymcenter.com

2017-2018 ADULT GYMNASTICS REGISTRATION FORM

ONE FORM PER PARTICIPANT ANY INCOMPLETE REGISTRATIONS WILL BE RETURNED

Wednesdays, January 24-February 21 8:30-10:00pm

Participant

FULL NAME: _____ BIRTHDATE: _____ AGE: _____
ADDRESS: _____ TOWN: _____ ZIP: _____
HOME PHONE: _____ How did you hear about our Program ? _____
E-MAIL ADDRESS: _____

Emergency Contact

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

In order to ensure timely processing, please be sure all blanks are filled in. If you do not have any limitations or allergies/illnesses, please write "none" in the blank. Each participant must be covered by his/her own medical insurance. It is recommended that you have a pre-participation physical.

MEDICAL OR PHYSICAL LIMITATIONS: _____
ALLERGIES/ILLNESSES: _____
NAME OF MEDICAL INSURANCE COVERAGE: _____

GREATER BUFFALO GYMNASTICS & FITNESS CENTER, LLC WAIVER

We, the staff of Greater Buffalo Gymnastics & Fitness Center, LLC (GBGFC, LLC) want all members and their families to be aware of the risks and hazards associated with the sport of gymnastics, tumbling, and trampoline. Participants may suffer injuries, possibly minor, serious, or catastrophic in nature. You are encouraged to follow all the safety rules and the coaches' instructions.

The GBGFC, LLC, its coaches, and other staff members, will not accept responsibility for injuries sustained by any participant during the course of gymnastics, tumbling, or 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 the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I agree to participate in the programs offered by GBGFC, LLC. I, my executors, or other representatives, hold GBGFC, LLC harmless, waive and release all rights and claims for damages that I may have against GBGFC, LLC and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my own protection. I understand that photos or video may be taken in the gym, at competitions, at exhibitions or on field trips and may be used for promotions or publicity.

I also give GBGFC, LLC authorization to charge my account for any overdue fees or balances I have not paid.

Signature: _____ Date: ____/____/____

- Equipment use may be limited at the request of gym management
- No food or drink in the gym except water
- Dress Code: Socks or bare feet only, no sneakers. Long hair should be pulled back, limited jewelry, athletic clothing (modest attire), no jeans

PLEASE NOTE -- The following must be completed in order to register for Adult Gymnastics: **Completed & Signed Registration Form, Non-Refundable \$15.00 Registration Fee, per participant for non-current GBGFC, LLC. member, and full session payment.**

For office use only: Date rec'd: _____ Registration fee: _____ Confirmation: _____