

# Greater Buffalo Gymnastics & Fitness Center, LLC.

[buffalogymcenter.com](http://buffalogymcenter.com)

## 2017 SUMMER REGISTRATION FORM

ONE FORM PER CHILD INCOMPLETE REGISTRATIONS WILL BE RETURNED

Please circle one.

Team Up

Preschool

Preschool Camp

Girls Beginner

Girls Beginner/Advanced Beginner

Girls Advanced Beginner  
and/or Girls Intermediate

Boys Gymnastics Fitness

Tumbling

Please circle the session(s) your child will attend. We will confirm your child's class prior to their starting date.

SESSION 1 (June 26-July 7)

SESSION 2 (July 10 - July 21)

SESSION 3 (July 24 - August 4)

SESSION 4 (August 7 - August 18)

Day(s) \_\_\_\_\_

Time \_\_\_\_\_

### Student

FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ How did you hear about our Program ? \_\_\_\_\_

### Parents/Guardian

MOTHER: MRS./MS./DR. \_\_\_\_\_ CELL/WORK PHONE #: \_\_\_\_\_

FATHER: MR./DR. \_\_\_\_\_ CELL/WORK PHONE #: \_\_\_\_\_

PARENT'S E-MAIL ADDRESS: \_\_\_\_\_

IF PARENTS CANNOT BE REACHED 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 your child does not have any limitations or allergies/illnesses, please write "none" in the blank. Each student must be covered by his/her own medical insurance. A physical examination within the last 3 years is recommended.

MEDICAL OR PHYSICAL LIMITATIONS: \_\_\_\_\_

ALLERGIES/ILLNESSES: \_\_\_\_\_

NAME OF MEDICAL INSURANCE COVERAGE: \_\_\_\_\_

PREVIOUS EXPERIENCE: # of years: \_\_\_\_\_ level: \_\_\_\_\_ here at GBGC? Yes \_\_\_\_ No \_\_\_\_

over

## 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. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Parents should encourage their children 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 student 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 consent to have my child or children 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 or my child 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 both my child's protection and 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.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **PLEASE NOTE -- The following must be completed in order to register your child for All Programs:**

- **Completed & Signed Registration Form**
- **Non-Refundable \$15.00 Registration Fee (per child) for non-current GBGFC, LLC member**
- **Full session payment for all sessions.**

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

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_