

**ELKTON PARKS AND RECREATION DEPARTMENT
ELKTON AREA COMMUNITY CENTER
GYMNASTICS REGISTRATION AND PERMISSION FORM**

Child
NAME _____ DOB _____ AGE _____ Male/Female

ADDRESS _____ TOWN _____ ST _____ ZIP _____

E-MAIL _____ HOME PHONE _____

MOTHER _____ CELL
PHONE _____ DOB _____

FATHER _____ CELL
PHONE _____ DOB _____

SCHOOL _____ GRADE _____ T- SHIRT _____
T-Shirt Sizes: YXS(4-5) YS(6-8) YM(10-12) YL(14-16) AS AM AL

CLASS PREFERENCE: GYMNASTICS (3 to 18 yrs) _____ TUMBLING(8 to 18 yrs) _____
(Beam, Bars, Vault, Floor, Trampoline) (Floor /Trampoline Only)

Medical Conditions: _____

Beginner _____ Previous Experience _____ Gym Name _____

Class Day/Times Preferred: _____

RELEASE FORM AND AGREEMENT STATEMENT

I am fully aware of and appreciate the risk associated with the sport of Gymnastics and Cheerleading Tumbling. I understand any activity involving height or motion can create the possibility of injury, paralysis or even death as a result of landing on the head or neck.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Elkton Area Community Center, Elkton Parks and Recreation Department and Commission, The Town of Elkton, or any organization in whose buildings and grounds this activity is being held, and instructors, volunteers or persons of these departments for injuries received in participating in any activity sponsored by the Town of Elkton Parks and Recreation Department and the Elkton Area Community Center in connection with this activity.

I have filled out the above registration form. I have read the above acknowledgement and release. I understand all of the above terms and agree to be bound by them.

Parent/ Legal
Guardian Signature _____ Date _____

Print _____ Date _____

OFFICE USE ONLY

Revised 2014

Card Number _____ Day of Class _____

Comments: _____
