



REGISTRATION FORM

166 Airport Dr Unit 10
Westminster, MD 21157

phone 443-764-4445
ribatulin@yahoo.com

Student's Name	Age	Date of Birth	Gender

Parent/Guardian _____ Emergency Contact's Name & Phone _____
 Address _____ City/State/Zip _____ Home Phone _____
 Mom's Phone _____ Dad's Phone _____ E-Mail Address _____
 How did you hear about School of Gymnastics? _____ Have you taken a gymnastic class before? _____
 Student's medical/behavior limitations? _____
 Class you register for (from the schedule) Session _____ Day _____ Time _____

Waiver of Liability & Permission Statement I approve and permit my child/ren to participate in Westminster School of Gymnastics (WSOG) programs. I realize the risk of serious critical injury of any part of my child's body and even death related to sport activities at WSOG. Therefore I agree not to hold responsible any officials or staff members who work at WSOG for any injuries or death which may happen while exercising at WSOG facilities. I also agree to be fully responsible for my personal losses or theft that may occur at WSOG's facility. I give permission to WSOG's officials and staff to provide first aid, call a doctor, and a parent in the event of injury or any other emergency situation at the gym. I take a full responsibility for medical bills of my child's treatments related to injury at WSOG. In signing below, I give a permit ion to WSOG to take and use any photographs and videos of my child for any publications, advertising and website use. I confirm that I have read and understood completely this waiver of liability. By voluntarily signing this release I am aware of the policies and liabilities that may occur in gymnastics. I also understand there are no refunds or credit given after the payment was made to WSOG.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Payment Date _____
 Payment Amount Registration Fee _____ Tuition Fee _____
 Payment Method V MC CSH CHK# _____