

Trial Class Waiver
REGISTRATION FORM

<i>Office Use Only</i>
Class: _____
Time: _____
Date: _____

Joel Baba's School of Gymnastics, Inc.

Student Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email Address: _____

Date of Birth: _____

Medical Conditions or Allergies: _____

Family Doctor: _____ Telephone: _____

WAIVER & RELEASE:

I AM FULLY AWARE OF, AND APPRECIATE THE RISK, INCLUDING SERIOUS INJURY, AS WELL AS OTHER DAMAGES & LOSSES ASSOCIATED WITH PARTICIPATION IN GYMNASTICS & OR OTHER ACTIVITY. I FURTHER AGREE JOEL BABA'S SCHOOL OF GYMNASTICS ALONG WITH EMPLOYEES & DIRECTORS SHALL NOT BE LIABLE FOR ANY LOSSES, INJURIES, OR DAMAGES AS A RESULT OF MY CHILD'S PARTICIPATION IN THESE EVENTS.

Parent Printed Name: _____

Date: _____

Parent Signature: _____