



**EASLEY GYMNASTICS TRAINING CENTER**  
**MEMBERSHIP CONTRACT/CONSENT FORM SUMMER 2020**

**SUMMER**

New Gymnast

Mother/Female Guardian:		Phone:	
Father/ Male Guardian:		Phone:	
Address:	City:	State:	Zip:
<b>Other</b> Emergency Contact:		Phone:	Relationship:
Email Address:			
How did you hear about us?		Date of Last Sports Physical:	

Child #1 Name:	(circle) M / F	Birth Date:	Age:
Child #2 Name:	(circle) M / F	Birth Date:	Age:

**OTHERS WHO HAVE PERMISSION TO PICK UP MY CHILD**

NAME:	Relationship:	Phone:
NAME:	Relationship:	Phone:

**MEMBERSHIP CONTRACT**

**Membership Fee:** New attendees for Summer do not incur a membership fee.

**Make-up Classes:** There will be no make up classes or refunds for missed Summer classes.

**Payment:** Payment must be made in advance of start of Summer classes.

**Photograph Consent:** I grant Easley Gymnastics the right to take photographs of my child during all events including but not limited to practices, meets, camps, fundraiser or other Easley Gymnastics sponsored activity. I authorize Easley Gymnastics, its assigns and transferees to copyright use and publish the same in print and or electronically. I agree that Easley Gymnastics may use such photographs of my child with or without their name for any lawful purpose including for example as publicity, illustration, advertising and web content. Easley Gymnastics has no control over the use of photographs taken by the public during any practice, meet, camp, fundraiser or Easley Gymnastics sponsored activity. I understand that Easley Gymnastics has no control over photos or video taken by other parents.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Office Use Only:*

Child #1 Name:	Class:	Day:	Time:
Child #2 Name	Class:	Day:	Time: