

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

**BALTIMORE COUNTY GYMNASTICS, INC.**

**5811 Allender Road**

**Suite 102**

**White Marsh, Md. 21162**

**410-335-4646**

**REGISTRATION FORM**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ D/O/B \_\_\_\_\_  
Child Last First Middle

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
Street City

**INFORMED CONSENT**

**I believe my child and I are in good health and proper physical condition to participate in gymnastics and related activities. My child and I are aware that participating in gymnastics is a potentially hazardous activity. I assume all risks associated with participation in this sport, for my child and myself including but not limited to falls, contact with other participants, and other risk conditions associated with the sport. All risks, including the risk of catastrophic injury, paralysis and even death, to my child and myself are known and understood by me.**

I also agree to abide by the rules and policies as established by Baltimore County gymnastics, Inc. I agree to pick up children promptly at the time set for the end of the program/activity.

I understand this **INFORMED CONSENT** and agree to its conditions on behalf of my child.

Parent/Guardian signature \_\_\_\_\_ DATE \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

E-mail address \_\_\_\_\_ Do you currently receive BCG emails? \_\_\_\_\_

List any pre-existing medical conditions (e.g. allergies or chronic illnesses) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

REGISTRATION FEE \_\_\_\_\_ DIS \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

DEPOSIT \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ PAID \_\_\_\_\_

How did you hear about us? A friend Aegis Avenue Booster Dundalk Eagle web site other: \_\_\_\_\_