

CLASS _____ DAY _____ TIME _____

BALTIMORE COUNTY GYMNASTICS, INC.

5811 Allender Road

Suite 102

White Marsh, Md. 21162

410-335-4646

REGISTRATION FORM

NAME _____ D/O/B _____

Child Last First Middle

ADDRESS _____ ZIP _____ PHONE _____

E-mail address _____

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 _____

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

EMERGENCY CONTACT _____ PHONE _____

REGISTRATION FEE CASH _____ CHECK # _____

DEPOSIT _____ AMOUNT DUE _____ PAID _____

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