

Student Information

Student #1	Sex	Age	DOB	Home Phone
Student #2	Sex	Age	DOB	Cell phone / Pager
Street	City	Zip	Emergency Contact	Phone/Pager
Is this Mom's address	Dad's address	Both		
Mom's Name:	Work Phone	email:		
Dad's Name:	Work Phone	email:		
How did you hear about CGA? (If word of mouth, from whom?)				
Has this student ever been enrolled at Columbus Gymnastics Academy before? No Yes Approx Date				
Are there any medical conditions to which we should be alerted?				

Class Information

Student #1 1st Choice	Class	Level	Day	Time
2nd Choice	Class	Level	Day	Time
Student #2 1st Choice	Class	Level	Day	Time
2nd Choice	Class	Level	Day	Time
<i>*TAKE A SECOND CLASS FOR 1/3 OFF!!</i>				
2 ND Class	Class	Level	Day	Time

*WE WILL SEE YOU THE FIRST DAY OF CLASS! WE CALL ONLY IF THERE IS A PROBLEM WITH SCHEDULING YOUR FIRST CLASS CHOICE

Payment Information

Annual Registration Fee	\$
Tuition (full payment required) ... Cash Receipt#	Check #
TOTAL INCLOSED	(Payment by check or credit card required if paying by mail)
<input type="checkbox"/> Visa	Name on credit card
<input type="checkbox"/> Mastercard	Card Number
<input type="checkbox"/> Discover	Signature
	Billing Zip Code
	Expiration Date

Office Use: Date Paid In Book On File Card In Computer

Acknowledgement of Risk and Waiver of Liability - Read Before Signing

As legal guardian of _____ I hereby consent to the aforementioned person participating in the Columbus Gymnastics Academy Inc's programs.

By the very nature of the activity, gymnastics, cheerleading, and martial arts all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced yes, but never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc. the Columbus Gymnastics Academy, Inc. Board of Directors and officers, and any of their employees, teachers, coaches, or agents from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc. or others listed for property damage or personal injury arising as a result of my child's engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for, or under the direction of Columbus Gymnastics Academy, Inc.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

Parent or Legal Guardian's Signature

Date