



**2011-2012 REGISTRATION FORM**

**Gymnast Last Name:** \_\_\_\_\_ **Gymnast First Name:** \_\_\_\_\_

**Father's Last Name:** \_\_\_\_\_ **Father's First Name:** \_\_\_\_\_

**Mother's Last Name:** \_\_\_\_\_ **Mother's First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Primary E-Mail:** \_\_\_\_\_

**Father's Cell Phone:** \_\_\_\_\_ **Mother's Cell Phone:** \_\_\_\_\_

**Gymnast Birth Date – Month/Day/Year:** \_\_\_\_\_

**Emergency Name:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Medical Considerations:** \_\_\_\_\_

**Name(s) of Parent/Guardian/Family Member that will be dropping off or picking up gymnast from gym.**

\_\_\_\_\_  
\_\_\_\_\_

**Waiver Form**

**In consideration of your acceptance of my child's registration, I state that I will not hold responsible Chinook Rhythmic Gymnastic Club or any of its Executive or coaches, for any personal injuries or property loss or damages suffered by my child while involved with CRGC activities.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_.