

Gym Jester Gymnastics Center

Student Name: _____

Gender: _____ M _____ F Date of Birth: _____ Current Age: _____

Student Health Insurance: _____

Has your family ever had another child attend Gym Jesters? (Circle One) YES NO

If you answered yes, previous student's name? _____

Mother: _____ Father: _____

Legal Guardian (Other than parent): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Alternate Payer Name: _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

I, the undersigned guardian of _____ do declare that all the information provided here is accurate to the best of my knowledge.

I understand that there is zero tolerance for disruptive behavior, bullying, and/or horse play while at Gym Jesters. The safety of everyone at Gym-Jesters is a primary concern. GJGC reserves the right to remove children or spectators who interfere with the GJGC programing.

Signature: _____ **Print:** _____

Date: _____ **Relationship to student:** _____

PLEASE READ AND SIGN REVERSE SIDE.

Gym Jester Gymnastics Center

GJGC FAMILY DISCOUNTS ONLY APPLY TO IMMEDIATE FAMILY. By signing this registration form, I agree to pay all fees connected with classes taken by children I enroll at Gym-Jester Gymnastics, Inc. 2709 Pine Street, Saginaw, MI 48604.

CONSENT WAIVER – I, the undersigned parent/ legal guardian of _____ do hereby grant authority to representatives of Gym-Jester Gymnastics, Inc. to render a judgment concerning medical assistance or hospital care in the event of my absence.

ADVERTISING AUTHORIZATION – I, the undersigned parent/ legal guardian of the above named minor student, do hereby authorize Gym-Jester Gymnastics, Inc. to use photographs of my child, and/or publish with a name, real or fictitious, for purposes of publicity, illustration, commercial art, or in advertising of products or services of Gym-Jester Gymnastics, Inc.

EXCLUSION CLAUSE – I, the undersigned parent/ legal guardian of the above named minor student, understand he/she will be supervised while participating in activities which he/she is enrolled at Gym-Jester Gymnastics, Inc. I am fully aware of, and appreciate, the risk of possible injury. I further agree that Gym-Jester Gymnastics, Inc., its employees, agents, officers, or directors shall not be liable for any losses or damages occurring as a result of participation.

Signature: _____ Print: _____

Date: _____ Relationship to Student: _____

Office Use Only

Credit Card Number: _____

Exp. Date: _____ Type of Card: _____

Name on Card: _____