## MONACA TURNERS GYMNASTICS REGISTRATION PERMISSION SLIP

YES

NO

ARE YOU A MEMBER OF MONACA TURNERS?

CLASS DAY:	·		
(Please Select Day from Dro	op Down Box)		
Students Last Name	First Name	Age	Birth Date
Address	City	State	Zip Code
Father's Name		Home Phone	Work/Cell Phone
Mother's Name		Home Phone	Work/Cell Phone
E-Mail Address			
Emergeny Contact	Phone/Cell Phone		
CAN FIRST AID BE ADM YES NO	INISTERED IF YOUR C	HILD IS INJURED? ( I.E., IO	CE, BANDAGES, ETC)
ARE THERE ANY MEDIC YES NO	AL CONDITIONS YOU IF YES, PLEASI	R CHILD HAS THAT WE S E LIST HERE	HOULD BE AWARE OF?

Participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it a reasonable assumption of risk. WARNING! CATASTROPHIC INJURY, PARALYSIS, AND EVEN DEATH CAN RESULT FROM IMPROPER CONDUCTS OF GYMNASTICS! Appreciate this warning as well as the fact that, even under the best conditions, participations in gymnastics involves inherent risks on the part of the gymnast. This is to certify that the undersigned have carefully read and understand the above warning. In addition, the undersigned further certify that the inherent risks of gymnastics participation are adequately and that said participation is done on a voluntary basis.

## PAYMENT INFORMATION

By signing below(electronic or hand written), you are committing to pay tuition for the selected class above. In order to hold class spots, FULL PAYMENT MUST BE MADE AT PRE-REGISTRATION/REGISTRATION. Payments accepted - Cash, Check, or Credit Card. If you decide to pull out of class before the session begins, full tuition will be refunded. All other refunds will be handled on a case by case basis.

Parent/Guardian	Session (Use Drop Down Menu)	Date