

Damar Gymnastics, Inc.

Registration Card

606-523-0840

www.damargym.com

Child's Name _____ Birthday _____

How did you hear about us? _____

Mother's name _____

Home # _____ Work # _____ Cell # _____

Father's name _____

Home # _____ Work # _____ Cell # _____

Mailing Address _____

City _____ State _____ Zip _____

Email address _____ (Parents email address)

RELEASE AGREEMENT: Coaches and instructors of the Damar Gymnastics, Inc. program are safety conscious and follow safety procedures; however, parents understand that motion in gymnastics/cheerleading does involve risks. In the event of injury or illness, every effort will be made to contact parents or guardians. If necessary, I authorize Damar Gymnastics, Inc and/or Southern Kentucky All Stars to administer first aid and/or authorize medical treatment. The above named student has had a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics/cheerleading. I also release Damar Gymnastics, Inc and/or Southern Kentucky All Stars and its staff from all liability. I understand that class fees are due the first class of each month or my child may lose their spot in class if payment is not received, I understand that a late fee may/will be applied to my account.

Insurance Co, and/or Individual Group # _____

Parent Signature _____ Date _____