

NOVAKS' GYMNASTIC CENTER, INC. ~ 2011 - 2012 Class Registration

1. Childs Name _____ Age _____ Boy/Girl DOB _____ Trial Date/Class _____
 2. Childs Name _____ Age _____ Boy/Girl DOB _____ Trial Date/Class _____
 3. Childs Name _____ Age _____ Boy/Girl DOB _____ Trial Date/Class _____

PARENT/GUARDIAN NAMES _____

ADDRESS: _____
street City State Zip

Phone (H): _____ Mom Cell: _____ Dad Cell: _____ Mom Work: _____

E-MAIL _____ Dad Work: _____

MEDICAL CONCERNS?/ALLERGIES?: _____ Insurance Carrier: _____

Emergency Contact: _____
NAME PHONE #

How did you hear about Novaks? _____

I give permission for Novaks' Gymnastic Center, Inc. to photograph my child and use photo in their annual yearbook. YES NO

RELEASE AGREEMENT

I hereby grant permission for persons enrolled above to participate in the program's at Novaks' Gymnastic Center Inc. In the event I cannot be reached readily in an emergency, Novaks' employee's have the authority, at my expense to utilize the most available volunteer rescue squad or ambulance to transport my child to the nearest hospital and, if necessary, to authorize medical treatment. I hereby certify that the child has passed a medical examination within the last (12) twelve months and is capable of participating in the sport of gymnastics and/or tumbling and/or sports acrobatics. I realize that gymnastics, tumbling and sports acrobatics involves the risk of serious injury, even death, and I release Novaks' Gymnastic Center, Inc. and it's employee's from any and all liability which might be incurred during the conduct of this activity. I will explain the rules, policies and behavior expectations of Novaks' Gymnastic Center Inc. to my child(ren). *I have read and understand Novaks' Rules and Policies.*

Signature _____ Date: _____

-----SPACE BELOW IS FOR NOVAKS OFFICE USE ONLY-----

Start Date	Name	Class	Day/Time	Fee

Registration Fee: Amount \$ _____ Date pd. _____ Ck.# _____ (Reg. Fee \$43.00 1st child / \$50.00 Family)

SESSION	I	II	III	IV	V	VI	VII	VIII	IX	X	XI -8 wks	Camp	
Tuition													
Amt. Paid													
Date Paid													
Check# CC#													
Non Tuition \$													