

# NOVAKS' GYMNASTIC CENTER, INC. ~ 2011 - 2012 PLAY GYM 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 \$													