

**2019-2020**  
**POMEROY GYMNASTICS, INC.**  
**REGISTRATION FORM**

Students Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Home Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

How did you hear about Pomeroy Gymnastics? \_\_\_\_\_

Emergency Phone Number and Contact \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \_\_\_\_\_

Are there any medical conditions to which we should be alerted? \_\_\_\_\_

**CLASS INFORMATION**

1<sup>ST</sup> Class Choice Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
2<sup>nd</sup> Class Choice Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_  
Tuition \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

After March 31<sup>st</sup> 2020 the registration fee drops to half.  
Registration fee and tuition are non-refundable.  
All returned checks are subject to a \$25.00 service charge.

**ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY**

As legal guardian of \_\_\_\_\_, I hereby consent to aforementioned person participating in Pomeroy Gymnastics, Inc.'s programs. I recognize the potential for injuries which may occur in any activity involving height or motion. I understand that it is the express intent of Pomeroy Gymnastics, Inc. to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Pomeroy Gymnastics, Inc. or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible further medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Pomeroy Gymnastics, Inc.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

