

Great Northern Gymnastics Registration

Last Name _____ Email Address _____

Parent's Name _____ Hm Phone (____) _____ Wk Ph (____) _____ Cell (____) _____

Parent's Name _____ Hm Phone (____) _____ Wk Ph (____) _____ Cell (____) _____

Address _____ City _____ Zip _____

Emergency Contact Name _____ Hm Ph (____) _____ Cell (____) _____

Child _____ Birthdate _____ Class _____ Day/Time _____ Tuition \$ _____

Health Condition/Allergies _____ M / F

Child _____ Birthdate _____ Class _____ Day/Time _____ Tuition \$ _____ *

Health Condition/Allergies _____ M / F

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Health Condition/Allergies _____ M / F

** 2nd Child Apply 10% Discount* *** 3rd Child Apply 20% Discount*

Total Tuition \$ _____

Where did you hear about Great Northern Gymnastics? _____

Do you know someone who would like to receive information? Name and address _____

Register in person or by mail at Great Northern Gymnastics, 900 3rd Street, St. Paul Park, MN 55071

Payment is required with registration to reserve your child's place in class.

For your convenience, we accept VISA and Mastercard.

Please indicate any physical or psychological conditions, chronic illnesses and/or allergies for each child.

Classes are filled on a first come, first serve basis.

The child(ren) registered on this form have my permission to participate in a class/activity at Great Northern Gymnastics (GNG). I am aware there are risks involved and serious injury and even death may result with improper conduct of this activity. I have instructed my child to follow directions. I give permission to GNG and/or an appropriate medical facility to make whatever emergency measures as judged necessary for the care and protection of my child while under the supervision of GNG. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment. If the local emergency resource (police, rescue squad) deems it necessary, the child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent and/or other adult acting on a parent's behalf. I fully disclaim, waive and discharge GNG, their instructors and directors from all claims with regard to any personal injury that may be incurred by my child during any GNG activity.

Parent's Signature _____ Date _____