

## Granite State Gymnastics Registration Form

Parents Name				
Address				
City		State	NH	Zip
Email Address				
Home Phone		Cell		

### Child 1

Name				
Age		Date of Birth	/	/
			Sex	F or M

### Child 2

Name				
Age		Date of Birth	/	/
			Sex	F or M

### Child 3

Name				
Age		Date of Birth	/	/
			Sex	F or M

### EMERGENCY CONTACT INFORMATION

Name		Phone	
Relationship to Child			

I, \_\_\_\_\_ realize that my child \_\_\_\_\_ is a willing participant at Granite State Gymnastics. I understand that all precautions will be taken to prevent accidents and will not hold the gym authorities responsible for any injury resulting from my child's participation. I hereby waive any rights and those of my heirs, agents, assigns, or guardians for any claims or damages suffered by my child's participation in any program.

\_\_\_\_\_

Parent or Guardian's Signature

\_\_\_\_\_

Date

Please explain in detail any broken bone, heart trouble, asthma, allergies, or other health condition that we at Granite State Gymnastics should know about. \_\_\_\_\_

\_\_\_\_\_ I give permission for Granite State Gymnastics to transport my child to a hospital and to receive medical treatment when I cannot be reached or when delay would be dangerous.

\_\_\_\_\_ I give permission for my child to receive anesthesia if necessary for medical treatment during an emergency described above.

Parent or Guardian Signature \_\_\_\_\_