

Great Lakes Gymnastics 33600 Pin Oak Parkway Avon Lake, OH 44012 (440)933-2674

Registration and Waiver Form

Parents Names:		
Address:		
Emergency Phone Number:		
Email:		
Student Name 1:	Age:	Amount Due:
Student Name 2:	Age:	Amount Due:
Media Release Agreement		
I give permission for my child to be pl Gymnastics. My child's image may ap gym's website, social media and pror please check the box on the right.	opear in print or online promoting Gre	eat Lakes Gym activities including the
Signature:		
• • •		any physical limitations, chronic or r child's instructor if you child attends class
Waiver Agreement		
and in consideration of your accepting assigns, waive and release any and all agents, representatives, successors, a connection with Great Lakes Gymnas any necessary first aid emergency trees.	ng this student, I hereby for myself, m I rights and claims for damage I have and assigns for any and all injuries and atics, LLC. Additionally, Great Lakes Gy eatment for my child while in attenda Id a health emergency arise, I will be	ymnastics, LLC had my permission to render nce at Great Lakes Gymnastics, LLC. notified, but that if I cannot be reached by
Signed:	Date:	