



4 Ways to find  
out more!

1. [www.thegymnasticscenter.com](http://www.thegymnasticscenter.com)
2. 922-3433
3. [thegymnasticscenter@yahoo.com](mailto:thegymnasticscenter@yahoo.com)
4. Facebook: The Gymnastics Center

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Any medical problems we should be aware of? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of \_\_\_\_\_, I hereby consent to the above person's participation in The Gymnastics Center's programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities.

I understand that it is the express intent of The Gymnastics Center 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 The Gymnastics Center, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of The Gymnastics Center or its employees.

As a legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, The Gymnastics Center.

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 \_\_\_\_\_

#### Photograph/ Media Consent and Release

I hereby consent and authorize an employee of The Gymnastics Center to take photographs or motion pictures of my child; or to produce videotapes, pictures or other types of media productions that capture their name, voice and or image. I authorize The Gymnastics Center to use, reuse, copy, publish, display, exhibit, these materials in any educational or promotional materials or other forms of media, which may include, but are not limited to brochures, advertisements, websites or publications, electronic or otherwise, without notifying me.

X \_\_\_\_\_

#### Class Information

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Annual Registration Fee: \$30

Class Fee(s) \_\_\_\_\_

Total \_\_\_\_\_

Make checks payable to TGC 3660 Werk Road, Cincinnati, OH 45248