



## Summer Class Registration Form

Please complete ALL information and mail to: updated 4/2010

**Harford Gymnastics Training Center**  
**701 Whitaker Mill Road**  
**Joppa, MD 21085**  
**410-879-3718**

Applications are accepted on a first come-first serve basis. Registration can be mailed or dropped off at our center. **Payment must be made with registration.**

There is a \$20 processing fee for any cancellation. No Refunds after week #2

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Work \_\_\_\_\_

Alternate \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Class 1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Session: \_\_\_\_\_ Summer

Include Session Fee with Registration.

Checks are made payable to Harford Gymnastics Club, Inc., 701 Whitaker Mill Road, Joppa, MD 21085.

### Waiver and Permission:

My child has permission to participate in the programs at The Harford Gymnastics Club, Inc. I verify that the participant is in good health with no limitations for gymnastics, cheerleading and trampoline activities. I understand that child must have personal accident and medical insurance before participating in The Harford Gymnastics Club, Inc. program. I hereby release Harford Gymnastics Club, Inc. and its instructors and agents from claims on any injuries, which may be sustained while participating in The Harford Gymnastics Club, Inc. Programs. I recognize and appreciate the risks involved in activity involving height or motion such as gymnastics, cheerleading and trampoline, which can create the possibility of serious injury. I give permission for my child's photo to be used on bulletin boards within the gym. My signature below indicates that I have read the above information and accept this release.

Parent's Signature: \_\_\_\_\_

### \$35 fee for any check returned by your bank

OFFICE USE	
Payment	Date
Membership	Date
	Day &
Program	Time
Received By	
Count	