

**NEW ENGLAND GYMNASTICS EXPRESS 2011-2012  
REGISTRATION FORM**

**HAVE YOU TAKEN GYMNASTICS CLASSES BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WHERE? \_\_\_\_\_**

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

**1. STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX M/F  
CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_**

**2. STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX M/F  
CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_**

**3. STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX M/F  
CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_**

**PARENTS NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_**

**EMAIL \_\_\_\_\_**

**EMERGENCY # AND NAME \_\_\_\_\_**

**ANY ALLERGIES OR GENERAL HEALTH INFO WE SHOULD BE AWARE OF?  
\_\_\_\_\_  
\_\_\_\_\_**

**PROGRAM "PC" / "C" \_\_\_\_\_ 1 HR "FC" CLASS \_\_\_\_\_  
1 ¼ GYMNASTIC CLASS \_\_\_\_\_ 1 HR. TUMB/TRAMP/CHEER \_\_\_\_\_**

**COST OF CLASS \_\_\_\_\_ DISCOUNT (IF APPLICABLE) \_\_\_\_\_ TOTAL \_\_\_\_\_  
(INCLUDE \$25 REGISTRATION FEE FOR EACH CHILD - \$60 MAX/FAMILY)**

**MASTERCARD/VISA # \_\_\_\_\_ EXP. \_\_\_\_\_**

**PLEASE READ AND SIGN BELOW.**

I UNDERSTAND THE SPORT OF GYMNASTICS INVOLVES CERTAIN RISKS AND RECOGNIZE THOSE POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN ANY ACTIVITY INVOLVING HEIGHT OR MOTION. I VOLUNTARILY CONSENT TO THE ABOVE MENTIONED PERSON PARTICIPATING IN CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO PROGRAMS AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.  
IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THESE FACILITIES, I HEREBY FOREVER RELEASE AND CONVENANT NOT TO SUE CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND OTHERS ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD WHILE UNDER THE INSTRUCTION, SUPERVISION, OR CONTROL OF CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO.  
AS LEGAL GUARDIAN OF THE ABOVE MENTIONED CHILD, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD AS A RESULT OF ANY INJURY SUSTAINED IN TRAINING OR PERFORMANCE FOR CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO.  
I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.  
PERIODICALLY, WE WILL BE TAKING PICTURES TO BE PUBLISHED ON OUR WEBSITE AND/OR PRINT MEDIA  
\_\_\_\_\_ NO, I DO NOT WANT ANY PICTURES TAKEN OF MY CHILD.

\_\_\_\_\_  
**PARENT OR LEGAL GUARDIAN'S SIGNATURE                      DATE**

**OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ PAID \_\_\_\_\_ REGISTERED \_\_\_\_\_ BY \_\_\_\_\_  
PMT TYPE \_\_\_\_\_ OWE \_\_\_\_\_ EMAIL CONFIRMATION \_\_\_\_\_