



GYMOLYMPIC SPORTS ACADEMY
 261 WELSH POOL ROAD - EXTON / LIONVILLE, PA 19341
 (610) 594-8162

Mother's Last Name _____ First Name _____ Occupation _____

Father's Last Name _____ First Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email _____

Child's Last Name _____ First Name _____ B-day _____ Age _____ Sex _____

Child's Last Name _____ First Name _____ B-day _____ Age _____ Sex _____

Child's Last Name _____ First Name _____ B-day _____ Age _____ Sex _____

Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

CLASS INFORMATION

Mom & Tots	Day _____	Time _____
Little Gyminies	Day _____	Time _____
Super Gyminies	Day _____	Time _____
Girls/Boys Class	Day _____	Time _____
Tramp/Tumbling	Day _____	Time _____

Waiver and Release of Liability

We at GymOlympic Sports Academy LLC ("GymOlympic") believe that while safety rules, discipline, and certain equipment may reduce the risk involved in gymnastics, we recognize the risk of serious injury or death still exists. Please note GymOlympic Sports Academy LLC is not responsible for any liability in the event of an injury or accident.

I/We both acknowledge the above disclosure and knowingly enroll our children in GymOlympic Sports Academy LLC and freely accept and assume both known and unknown risks. My child's participation is strictly voluntary, and my child and I are fully aware of the potential of injury.

I/We confirm that my/our child is in good health and has no disability, illnesses or disease that would interfere with full participation in all gymnastic activities or any related activity such as aerobic, flexibility, dance, strength, weight training and conditioning exercises.

I/We give permission for my/our child to participate in gymnastics and related activities. I/We agree not to sue or hold GymOlympic Sports Academy LLC and its owners, corporation, officers, agents, employees, and volunteers responsible for any liability due to injury or accident.

X _____
 Signature of parent or legal guardian _____ Date _____

PAYMENTS

Tuition for First Child..... \$ _____
 Tuition for each additional Child.....\$ _____
 \$25 Registration Fee for EACH CHILD \$ _____
 TOTAL ENCLOSED \$ _____