

HILLS GYMNASTICS INC. PROGRAMS REGISTRATION FORM

Girls - From 2 ½ years through 12th grade

NO REGISTRATION FEES

Fill in the required information in each field.
Parent must sign and date the form **and** sign and date the Insurance Waiver form (below)!
Submit one (1) form per child registering
You can register your child for more than one session using one form!

SUMMER SESSION 2017

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
	5-7pm \$28	5-7pm \$28	5-7pm \$28	9-11am \$28	9-11am \$28
Week1	June 25	June26	-----	-----	-----
Week2	July 2	July 3	-----	-----	-----
Week3	July 9	July10	July11	July12	July13
Week4	July 16	July 17	July18	July19	July20
Week5	July 23	July24	July25	July26	July27
Week6	July 30	July 31	Aug1	Aug2	Aug3
Week7	Aug 6	Aug 7	Aug8	Aug9	Aug10
Week8	Aug 13	Aug14	Aug15	Aug16	Aug17
Week9	Aug20	Aug21	Aug22	Aug23	Aug24

PRICES ARE PER CLASS. PLEASE CIRCLE CLASSES DESIRED

Name: _____

Name: _____

NAME: _____	BIRTH DATE: _____
ADDRESS: _____	TELEPHONE: _____
CITY: _____	ZIP CODE: _____
SCHOOL: _____	GRADE: _____
EMAIL: _____	EMERGENCY #: _____

I am fully aware and appreciate the risk of injury associated with participating in gymnastics. I agree that the Hills Gymnastics Inc., its employees, officers, and directors shall not be liable for any injury or related medical expenses as a result of my child's participation in gymnastics.

PARENT'S SIGNATURE: _____ DATE: _____

We have limited enrollment - You will be notified ONLY if the program desired is full.

We recommend your child bring a drink!

NO jewelry - Hair MUST be UP!!!

Make checks payable to: Hills Gymnastics Inc.

Mail completed and signed form and check for the total session fees to:

431 Brook Avenue
Deer Park, New York 11729

Hills Gymnastics Inc.

THE ATHLETE PARTICIPATION AGREEMENT AND WAIVER FORM:

Name of Athlete: _____

In consideration of my participation in the Hills Gymnastics Inc., and my participation in any sanctioned events, I agree to be bound by each of the following conditions:

A) Medical Attention: I hereby give my consent to Hills Gymnastics Inc. to provide through the medical staff of it's choice, customary medical / athletic training attention, transportation, and emergency medical services as warranted in the course of my participation in Hills Gymnastics Inc. events.

B) Waiver and Release: I am fully aware of and appreciate the risks, as well as other damages and losses associated with participation in gymnastics. I further agree that Hills Gymnastics Inc., any employees, agents, officers and directors of this organization shall not be liable for any losses, damages or injuries occurring as a result of my participation in any event.

Signature of Athlete

Date

As the legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in the Hills Gymnastics Inc., and any sanctioned event.

Signature of Parent or Guardian

Date