Bloomfield Gymnastics

2124 Franklin Rd Bloomfield Hills, MI 48302
Phone (248) 335-6770 Fax (248) 335-3490
www.BloomfieldGymnastics.com

Registration Form

Student Name	Male/Female *Circle One*	Date of Birth	Mother's Name	Father's Name
1.	M F			
2.	M F			
3.	M F			

Address:

_____
Street

_____
City *Zip*

E-mail_____

Home Phone:

Cell: Mom:
Dad:
Work: Mom:
Dad:

How did you learn about Bloomfield Gymnastics? *Circle all that apply*
Friend Yellow Pages Advertisement Other:

Please list all medical conditions that may affect students' participation in classes:

Alternate Emergency Contact Information:
Name: Relationship: Phone:

Class availability is subject to a first-come, first-paid basis. All fees are due prior to start of class. Make-up sessions will be granted only upon prior notification of the class missed. Two make-ups per session are allowed. Make-ups cannot be carried over to the next session. A make-up coupon must be obtained from the office in order to participate.

All classes are non-refundable; except when cancelled by Bloomfield Gymnastics.

As parent/legal guardian of_____, I hereby consent to the aforementioned child(ren) to participate in the Bloomfield Gymnastics programs. I recognize that potentially severe injuries, including permanent paralysis, can occur in any activity involving skills of height or motion, such as karate, dance, gymnastics and related activities, including tumbling and trampoline.

I understand that it is the expressed intent of this school to provide for the safety and protection of my child(ren), and in consideration for allowing my child(ren) to use these facilities, I hereby release Bloomfield Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child(ren) while under the instruction, supervision or control of Bloomfield Gymnastics or its employees.

As the parent/legal guardian of the aforementioned child(ren), I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while at, or performing for Bloomfield Gymnastics.

This acknowledgement 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 Signature_____ Date_____