



2018 – 2019 Trial Class

Date: _____

Student's Name _____
(Last Name) (First Name)

Sex (Please Circle) : Male Female

Mailing Address _____

Date of Birth _____

City _____ State _____ Zip Code _____

Father & Mother's Names _____

Home Phone # _____ Cell Phone # _____

Parent's Email Address _____

Emergency Contact's Name & Phone # _____

Health Restrictions: _____

Trial Class Requested: (You are allowed ONE trial class per student, per calendar year.)

Date:	
Class:	
Time:	
Instructor:	

How did you hear about us? _____

Hold Harmless Agreement:

I hereby give my permission for my daughter/son (Name) _____ to participate in the program(s) at The Gymnastics Zone, Inc. I hereby accept all risks and responsibilities for the use of premise, area, and/or facility including the use of equipment. I further agree to indemnify and hold harmless the staff and owners of The Gymnastics Zone Inc. including the corporate officers, from all liability claims, demands, actions, and causes of action, that may arise out of the use thereof. I further give my permission for my daughter/son to be photographed and/or video taped during all classes, rehearsals, and performances. I understand that the gymnastics shows may be mandatory, if applicable.

I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT:

Parent / Guardian Signature _____