



Open Gym Registration

OPEN GYM: \$7 Member or \$10 Guest

Family Information:

Family Name: _____ Date: _____

Email: _____

Emergency Contact Number : _____

Child #1 Name: _____

Child #2 Name: _____

Child #3 Name: _____

Child #4 Name: _____

Child #5 Name: _____

Release of Liability

Acting for myself, my heirs, personal representatives, and assigns, do hereby release Saco Valley Gymnastics Training Center, LLC. (SVGTC), individually and collectively, members of Saco Valley Training Center, LLC. staff, administrators and other agents, representatives, employees, instructors, and all other participants in the said business and program from all liability, including claims and suits at law or in equity for an injury, fatal or otherwise, that may result from my taking part in said program. I further state that the attached information questionnaire has been fully completed and that the information given therein is true. I further acknowledge that it shall be the duty of the participant, or legal guardian if participant is a minor, to inform Saco Valley Gymnastics Training Center, LLC., in writing, of any change in information sought in the questionnaire and further to notify the said school in writing of any condition or circumstances whether believed to be temporary or permanent which might affect the student's ability to participate safely in the course of instruction. Initial: _____ Date: _____

Medical Emergencies

I understand that it is a condition of enrollment to complete an emergency contact form and medical release. This form is available at the gym and online. A hard copy of this form must be turned in prior to your child's first class. Initial: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____