

M & M GYMNASTICS OPEN GYM FAMILY REGISTRATION FORM

2008

Family Last Name: _____

Address: _____ City: _____ Zip: _____ Email _____

Home Phone: (414/ 262) _____ Emergency Contact _____ #(414/ 262) _____

Mother's Name: _____ Work # (____) - _____ Father's Name: _____ Work # (____) - _____

How did you hear about us? (Name, Ad, Yellow Pages) _____

Childs Name	Birthdate	Male	Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any Medical Problems? _____

I understand that participation in gymnastics involves risk and possible injury. I understand and agree that M & M and their staff will assume no responsibility for medical expenses incurred by my son or daughter as a result of injury at this facility. My child has no physical, mental or emotional problems that would interfere with participation in this program.

PARENT SIGNATURE: _____ DATE: _____ YEAR: _____

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