

# Broderick Gymnastics 2017-2018 School Year Registration

67 Sprague St. Hyde Park  
617-361-7300

[www.broderickgym.com](http://www.broderickgym.com)

90 Providence Hwy, East Walpole  
508-668-6600

Name of Child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age (at time of registration) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in school \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Main phone # \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Other Parent/Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_

Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Emergency Contact – Other than parents \_\_\_\_\_ Relationship to student \_\_\_\_\_

Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Please list additional enrolled siblings \_\_\_\_\_

Is the student a former member    Y    N    If yes, please list the approximate start date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Does your child have any known allergies?    Y    N

If yes, please explain \_\_\_\_\_

Is your child taking any medications we should be aware of?    Y    N

If yes, please explain \_\_\_\_\_

Does your child have any physical, medical, or mental limitations we should be aware of?    Y    N

If yes, please explain \_\_\_\_\_

Does your child suffer from asthma?    Y    N

Please list any additional concerns you may have \_\_\_\_\_

May we use your child's photo in our promotional items including our facebook page and website?    Y    N

If yes, please sign here \_\_\_\_\_

(parent/guardian signature)

(date)

Broderick Gymnastics Academy

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Child's name \_\_\_\_\_

Class Selection

Please list your top 2 day and time preferences. We will do our best to accommodate you.

Class Name/Type \_\_\_\_\_

Choice #1 Day \_\_\_\_\_ Time \_\_\_\_\_

Choice #2 Day \_\_\_\_\_ Time \_\_\_\_\_

The Broderick Gymnastic Academy, Inc. staff recognizes our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading, and dance can be dangerous and can lead to injury.

Release for Participation

I, \_\_\_\_\_ understand that the activities conducted at Broderick Gymnastic Academy, Inc. can have inherent risks. I hereby agree that neither Broderick Gymnastic Academy, Inc., nor its owners, agents, employees, officers, or directors shall be liable for any injuries, damages or loss sustained by my child \_\_\_\_\_, which are in any way related to my child's participation in gymnastics, tumbling, trampoline, cheerleading, dance, birthday parties, and special events. I hereby testify as to my child's sound health of mind and body and I authorize Broderick Gymnastic Academy, Inc. to seek medical treatment at the nearest medical facility in the event of an emergency.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Payment

A non-refundable registration fee of \$30/single member or \$45/family is due upon enrollment. This registration fee is valid from September 1, 2017 through August 31<sup>st</sup>, 2018.

----- For Office Use Only -----

Class fee \$ \_\_\_\_\_ + \$ \_\_\_\_\_ (registration fee) = \_\_\_\_\_ (total)

Amount paid \_\_\_\_\_ Type of Payment \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_