

Broderick Gymnastics 2017 Summer Registration

67 Sprague St. Hyde Park
617-361-7300

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 _____

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

www.broderickgym.com

Child's name _____

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)

*A non-refundable registration fee of \$10.00 is due upon enrollment for summer programs.