



# Owego Gymnastics and Activity Center



## Activity Registration Form

You must have a completed registration form to participate in ANY classes at Owego Gymnastics and Activity Center (YOU MUST SIGN THE WAIVER). The Registration fee must be included with form for the child to be registered.

MAIL TO: Owego Gymnastics & Activity Center (607) 687-2458 Website:OwegoGymnastics.com  
748 State Route 38 Owego, NY 13827 Email: [owegogymnastics@gmail.com](mailto:owegogymnastics@gmail.com)

**ACTIVITY**   **Private Lessons**   **Wizard Warrior**   **Clinic**   **Kids R Special**   **Tae Kwon Do**   **Dance**   **Other**

NAME OF STUDENT(s): (You may use one registration for more than one class or child, please fill out below)

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: MALE FEMALE

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: MALE FEMALE

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

FAMILY LAST NAME: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S WORK/CELL PHONE: (\_\_\_\_) \_\_\_\_\_

FATHER' S PLACE OF EMPLOYEMENT \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S WORK/CELL PHONE: (\_\_\_\_) \_\_\_\_\_

MOTHER' S PLACE OF EMPLOYEMENT \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ Can we send your newsletter via email?   Yes   No  
*(If email supplied, and kept updated, we will send an overdue bill, via email)*

In case of emergency, please contact: (This should be someone other than parents.)

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Does your child(ren) have any medical or physical conditions, restrictions, or allergies that we should be aware of?  
YES or NO (if yes please explain on back )

How did you find out about our Program? \_\_\_\_\_

I would be willing to help in the following ways: (approximately 1-3 hours a month)  
\_\_\_\_\_ Serve on the Board of Directors   \_\_\_\_\_ Help w/Fund Raisers   \_\_\_\_\_ Serve on a Committee   \_\_\_\_\_ Help with Projects

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, \_\_\_\_\_, parent of \_\_\_\_\_, hereby give permission for said son/daughter to participate in classes at Owego Gymnastics and Activity Center. I understand that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I hereby testify as to my son's/daughter's qualified, in good health, and in proper physical condition to participate and I authorize the Owego Gymnastics and Activity Center to seek Medical Treatment at the nearest Medical Facility in case of emergency. I agree and understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and I intend this statement to take effect as a sealed instrument.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Parents Release Form Media Recording** I grant permission to Owego Gymnastics and Activity Center to use the image of my child, \_\_\_\_\_, in materials that include, but may not be limited, to brochures and newsletters. Yes/No

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**HELP SUPPORT OWEGO GYMNASICS AND ACTIVITY CENTER - WE ARE A NOT-FOR-PROFIT ORGANIZATION  
FUNDED PARTIALLY BY THE UNITED WAY**