

Greater Buffalo Gymnastics & Fitness Center, LLC

1641 North French Road
Getzville NY, 14068
Phone (716) 639-0020
Fax (716) 625-1120

www.buffalogymcenter.com

2011- 2012 REGISTRATION FORM

PLEASE PRINT ALL INFORMATION ONE CHILD PER FORM PLEASE
Child's Level (please circle one)

Team UP! Pre-School Hot Shots Girls Beginner Girls Beginner/ Advanced Beginner
Girls Advanced Beginner Girls Intermediate 1 Girls Intermediate 2
Boys Beginner Boys Advanced Beginner Tumbling

1ST CHOICE: DAY _____ TIME _____

2ND CHOICE: DAY _____ TIME _____ MALE _____

3RD CHOICE: DAY _____ TIME _____ FEMALE _____

STUDENT

FULL NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE: _____

How did you hear about our program? _____

PARENTS/GUARDIANS.

Please read the 2011-2012 Greater Buffalo Gymnastics & Fitness Center, LLC Parents Handbook. The gym will assume that you have read it, understand its policies and will abide by them.

MOTHER: MRS./MS./DR. _____ CELL PHONE #: _____

OCCUPATION: _____ WORK PHONE #: _____

FATHER: MR./DR. _____ CELL PHONE #: _____

OCCUPATION: _____ WORK PHONE #: _____

FAMILY E-MAIL ADDRESS: _____

(This is our avenue of communication with parents. Please make sure this is an e-mail that will be monitored.)

IF PARENTS CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

(OVER)

In order to ensure timely processing, please be sure all blanks are filled in. If your child does not have any limitations or allergies/illnesses, please write "none" in the blank. Each student must be covered by his/her own medical insurance. If your child does have allergies, please see: <http://www.foodallergy.org/>. If the child has an Epi Pen, we will need one in a baggie with the child's name on it.

MEDICAL OR PHYSICAL LIMITATIONS: _____

ALLERGIES/ILLNESSES: _____

NAME OF MEDICAL INSURANCE COVERAGE: _____

PREVIOUS EXPERIENCE: # of years: _____ level: _____ here at GBGFC? Yes ___ No ___

GREATER BUFFALO GYMNASTICS AND FITNESS CENTER WAIVER

We, the staff of Greater Buffalo Gymnastics & Fitness Center, LLC want all members and their families to be aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and trampoline. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Parents should encourage their children to follow all the safety rules and the coaches' instructions.

The Greater Buffalo Gymnastics & Fitness Center, LLC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Greater Buffalo Gymnastics & Fitness Center, LLC. I, my executors or other representatives, hold Greater Buffalo Gymnastics & Fitness Center, LLC harmless, waive and release all rights and claims for damages that I or my child may have against Greater Buffalo Gymnastics & Fitness Center, LLC and or its representatives whether paid or volunteer.

I also affirm that I now have, and will continue to provide, proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I understand that photos or video may be taken in the gym, at competitions, at exhibitions or on field trips and may be used for promotions or publicity.

I give Greater Buffalo Gymnastics & Fitness Center, LLC authorization to charge my account for any overdue fees or balances that I have not paid.

Parent or Guardian Signature: _____ Date: ___/___/___

*** PLEASE NOTE -- The Following **must** be completed in order to register your child:

1. Completed & Signed Registration Form.
2. **Non-Refundable \$40.00 Registration Fee per child.**
3. First Month's Tuition.

ANY INCOMPLETE REGISTRATIONS WILL BE RETURNED.

For office use only: Date rec'd: _____ Registration fee: _____ Tuition: _____ Confirmed: _____

Get Physical: _____ Point Of Sale: _____ Skill chart: _____ June 2011