



1641 North French Rd.
Getzville, NY 14068
www.buffalogymcenter.com
716-639-0020

2018 SUMMER REGISTRATION FORM
ONE FORM PER CHILD
INCOMPLETE REGISTRATIONS WILL BE RETURNED

Please circle the week(s) your child will attend. We will confirm your child's camp prior to his/her starting date.

WEEK 1 (June 25-29)

WEEK 2 (July 9-13)

WEEK 3 (July 16-20)

WEEK 4 (July 23-27)

WEEK 5 (July 30 - August 4)

WEEK 6 (August 13-17)

Student

FULL NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

PREFERRED PHONE: _____ How did you hear about our Program ? _____

Parents/Guardian

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

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

PARENT'S E-MAIL ADDRESS: _____

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

NAME: _____ RELATIONSHIP: _____ PHONE: _____

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. A physical examination within the last 3 years is recommended.

MEDICAL OR PHYSICAL LIMITATIONS: _____

ALLERGIES/ILLNESSES: _____

NAME OF MEDICAL INSURANCE COVERAGE: _____

PREVIOUS EXPERIENCE: # of years: _____ level: ____ here at GBGC? Yes ____ No ____

OVER

GREATER BUFFALO GYMNASTICS & FITNESS CENTER, LLC. WAIVER

We, the staff of Greater Buffalo Gymnastics & Fitness Center, LLC (GBGFC, LLC) want all members and their families to be aware of the risks and hazards associated with the sport of gymnastics, tumbling, 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 GBGFC, LLC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, 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 GBGFC, LLC. I, my executors or other representatives, hold GBGFC, LLC harmless, waive and release all rights and claims for damages that I or my child may have against GBGFC, 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 also give GBGFC, LLC. authorization to charge my account for any overdue fees or balances I have not paid.

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

PLEASE NOTE -- The following must be completed in order to register your child for All Programs:

- **Completed & Signed Registration Form**
- **Non-Refundable \$15.00 Registration Fee (per child) for non-current GBGFC, LLC member**
- **\$50.00 per week deposit.**

FOR OFFICE USE ONLY

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

Week	Deposit	Payment Type/Date	Balance	Payment Type/Date
1				
2				
3				
4				