



3009 Tongass Blvd. Juneau, AK - 919-961-9951 - www.juneaugymnastics.com - juneaugymnastics@gmail.com

REGISTRATION FORM Sessions 1- 8 for 2013

Student Name: _____ Age: _____
Address: _____
School: _____ Grade: _____
Father: _____ Mother: _____
Employer: _____ Employer: _____
Daytime Phone: _____ Daytime Phone: _____
Evening Phone: _____ Evening Phone: _____
Email: _____
Emergency Contact:
Name: _____
Relation: _____ Phone Number: _____

Session 1 (Jan 2-Feb12) Session 2 (Feb 13-Mar 26) Session 3 (Apr 3-May 14)

Session 4 (May 15- June 25) Session 5 (July 9-Aug 17) Session 6 (Aug 20-Sep 28)

Session 7 (Oct 8-Nov 16) Session 8 (Nov26-Dec 21)

All 6-week sessions will be \$55.00 for 1 hour class, \$100.00 for 2 hour class; Session 8 is a 4-week session and will be \$35.00 for 1 hour class, \$60.00 for 2 hour class.

PAYMENT DUE at the time of registration in order to hold your child's spot for the class you are registering for.

ATHLETES RELEASE AND ACCEPTANCE FORM

In consideration of your acceptance of my child's entry into the Southeast Alaska Gymnastics Academy intending to be legally bound, I do hereby, for myself, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages, which may hereafter accrue to me against USA Gymnastics, Southeast Alaska Gymnastics Academy, or their representatives, officers, agent successors and/or assigns for any and all damages which may be sustained and suffered by my child in connection with his or her association with or acceptance into the Academy, or which may arise of my Childs traveling to, participating in, or returning from said Academy. I recognize that participation in gymnastics and gymnastics related activities have a high risk and I agree to assume that risk and that I have thoroughly investigated the nature of the sport and all of its possible high risk factors I herby give my permission for the Southeast Alaska Gymnastics Academy staff or their respected representatives to seek medical attention for my child as they feel necessary. I recognize the authority of the coaching staff in the gym and agree to abide by their decisions. I agree to all rules, regulations and conditions set forth by the Academy, its staff and the Board of Directors. I understand that any infraction of Academy policy as explained here or in classes can result in the gymnast being sent home without reimbursement.

Parent or Guardians Name: _____

Parent or Guardians Signature: _____ Date: _____