



REGISTRATION FORM

(Rt. 123) 350 Old Colony Road, Norton, MA 02766

508-222-7216

www.olearysgym.com

Please fill out this form completely and submit it with your payment.

Student's Name _____ DOB ____/____/____ Age ____ Gender: _ F _ M _

Parent's Name _____ / _____

Home Phone # (____) _____ / _____ Cell Phone # (____) _____ / _____

Street _____

City _____ State _____ Zip _____

E-MAIL Address _____

Emergency Contact: *If in the event of an emergency, Parents will be notified first. If unable to locate you, please list an additional contact.*

Name _____ Relationship _____ Phone # (____) _____ / _____

Any Medical Conditions that we should be aware of? _____

CLASS/PAYMENT Information: *Please fill in **first and second** choice for classes in the case first choice is full.*

Class Attending: (1st Choice) Name _____ Day _____ Time _____

Class Attending: (2nd Choice) Name _____ Day _____ Time _____

Please make check payable to: O.G.C.

There is an annual **Insurance/Registration Fee** due at this time of **\$35.00 or \$60.00** for a family.

There is a **10% discount** off tuition for all additional siblings.

Cost of Class: \$ _____ Registration Fee: \$ _____ Total Enclosed: \$ _____

Gymnasts must wear a leotard or short and t-shirt and have their hair pulled back in elastic. There is no jewelry allowed

WAIVER AND RELEASE:

In consideration of the permission granted to my child _____ or ward to participate at the O'Leary's Gymnastics Center, Inc. I hereby release and hold harmless the O'Leary's Gymnastics Center, Inc., its employees, instructors, or agents, directors and officers from any and all claims, demands, liability, harm, injury or damage, which may result to my child or ward while attending this school and including all risk connected therewith.

I fully understand that my child or ward assumes all the risk in connection with participating in the activities of this school. I understand that any activity, which involves motion, rotation, height, or inversion, may cause serious accidental injury or possibly death. I authorize O'Leary's Gymnastics Center to seek medical treatment at the nearest Medical Facility in case of emergency. I the undersigned have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance.

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in O'Leary's Gymnastics Center, Inc activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote O'Leary's Gymnastics Center, Inc programs, and/or recognition of participants.

I fully understand O'Leary's Gymnastics Center, Inc is under 24/7 Video Surveillance. Video Surveillance is used strictly for security of this facility and educational purposes for our gymnasts and coaches.

*Once you have registered, class fees are **Nonrefundable**. There is a **nonrefundable** registration fee for all students joining our program.*

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