



BART CONNER GYMNASTICS ACADEMY



Registration and Medical Release Form

A deposit of \$25.00 must accompany this application form. Deposits are applied toward the tuition and are non-refundable after 3 weeks to the camp date.

Make checks payable to: Bart Conner Gymnastics Academy, Inc.
3206 Bart Conner Drive, Norman, OK 73072

_____		_____	
GYMNAST'S NAME		AGE	
_____		_____	
PARENT/GUARDIAN NAME		E-MAIL	

ADDRESS			
_____		_____	
CITY		STATE	ZIP
()			
_____		_____	
PHONE		USAG LEVEL	
_____		()	
EMERGENCY CONTACT PERSON		PHONE	
_____		_____	
SESSION		T-SHIRT SIZE	
_____		_____	
CLUB		COACH	

CLUB ADDRESS			

Having been informed of the activities to be conducted by the Bart Conner Gymnastics Academy, Inc., I, a parent or guardian of the participant, give my approval for the above named student's participation in any and all activities of the program, including use of inflatables. I assume all risks and hazards incidental to the program, including transportation to and from these activities. I further release, waive, and forever discharge any and all rights and claims against Bart Conner Gymnastics Academy, Inc., Paul Ziert & Associates, Inc., its owners, instructors and employees, holding them harmless from any illness or injury of the participant occurring during the program.

Furthermore, I hereby authorize the directors of the Bart Conner Gymnastics Academy, Inc., to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems which affect my child's ability to safely participate in this camp.

Signature of Parent, Guardian or Participant (if adult)

DATE