



## 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 prior to the camp date.

Make checks payable to:     The Bart Conner Gymnastics Academy, Inc.  
   P. O. Box 720217  
   Norman, OK 73070-4166

Parent / Guardian	
Name _____	Coach _____
Address _____	
City _____	State _____ Zip _____
Phone (    ) _____	USAG Level past year _____
In case emergency, please contact: _____ Phone (    ) _____	
Session _____	T-Shirt size _____
Club _____	
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. 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