



BART CONNER GYMNASTICS ACADEMY

Registration and Medical Release Form



 FAMILY NAME HOME PHONE

 ADDRESS CITY ZIP

 FATHER-NAME E-MAIL BUS. PHONE CELL PHONE

 MOTHER-NAME E-MAIL BUS. PHONE CELL PHONE

 STUDENT BIRTHDATE BCGA CLASS

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MEDICAL PROBLEMS:

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 Having been informed of the activities to be conducted by the Bart Conner Gymnastics Academy, 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 the use of inflatables. In consideration of my or the student's membership acceptance in the Bart Conner Gymnastics Academy, Inc., I hereby forever waive, and forever release and discharge the Bart Conner Gymnastics Academy, Inc., and Paul Ziert & Associates, Inc., their officers, owners, directors, professional consultants, and employees, from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury in any activity involving unusual motion or height.

 SIGNATURE of Parent, Guardian, or Participant (if adult) DATE

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

How did you find out about the Bart Conner Gymnastics Academy, and what made you decide to join?

Office Use Only			
Ck# _____	Amount _____	T-shirt/leo _____	
Payment description _____	Reg. fee amt. _____	Tuition amt. _____	