



Registration and Medical Release Form

Please consult with a staff member at the gymnastics academy about the class in which you are interested. Bring or mail this completed form to the gym along with the appropriate registration fee.

FAMILY NAME: _____ HOME PHONE: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FATHER-NAME: _____ OCCUPATION: _____ BUS. PH: _____ CELL PH: _____

MOTHER-NAME: _____ OCCUPATION: _____ BUS. PH: _____ CELL PH: _____

STUDENT: _____ BIRTHDATE: _____ BCGA CLASS: _____

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STUDENT: _____ BIRTHDATE: _____ BCGA CLASS: _____

MEDICAL PROBLEMS:

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 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/Leotard	
Payment description	Reg. fee amt.	Tuition amt.	