



1641 North French Road
Getzville NY, 14068
Phone (716) 639-0020
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www.buffalogymnastics.com

2018-2019 REGISTRATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY ONE CHILD PER FORM PLEASE

Child's Level (please circle one)

- | | | | |
|----------------------------------|---|--------------------------|----------------|
| Tiny Tumblers | Junior Jumpers | Kinder Kids | Girls Beginner |
| Girls Beginner/Advanced | Girls Advanced Beginner | Girls Intermediate 1 & 2 | Tumbling |
| Boys Beginner Gymnastics Fitness | Boys Advanced Beginner Gymnastics Fitness | Adult Open Workouts | |
| Birthday Party | Private Lesson | Parent's Night Out | Tramp Camp |
| | | | Other |

1ST CHOICE: DAY & TIME _____

2ND CHOICE: DAY & TIME _____

3RD CHOICE: DAY & TIME _____

PLEASE USE BLUE OR BLACK INK ONLY AND FILL IN ALL BLANKS. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

STUDENT

FIRST & LAST NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

PREFERRED PHONE: _____ MALE _____

How did you hear about our program? _____ FEMALE _____

PARENTS/GUARDIANS

MOTHER: MRS./MS./DR. _____ CELL PHONE #: _____

OCCUPATION: _____ WORK PHONE #: _____

FATHER: MR./DR. _____ CELL PHONE #: _____

OCCUPATION: _____ WORK PHONE #: _____

FAMILY E-MAIL ADDRESS: _____

(OVER)

IF PARENTS CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Please list below any limitations, allergies, or illnesses your child has in order to allow our coaches the best opportunity to create a learning environment appropriate for your child. If your child does not have any limitations, allergies or illnesses, please write "none" in the blank. Each student must be covered by his/her own medical insurance. If you child has an Epi Pen, please place one in a baggie with the child's name on it to leave at the gym.

MEDICAL/PHYSICAL/FUNCTIONAL LIMITATIONS: _____

ALLERGIES/ILLNESSES: _____

NAME OF MEDICAL INSURANCE COVERAGE: _____

PREVIOUS EXPERIENCE: Number of Years: _____ Level: _____ Here at Greater Buffalo? Yes _____ No _____

GREATER BUFFALO GYMNASTICS & FITNESS CENTER, LLC WAIVER

We, the staff of Greater Buffalo Gymnastics & Fitness Center, LLC (GBGFC, LLC) want all members and their families to be aware of the risks and hazards associated with the sport of gymnastics, tumbling, and trampoline. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Parents should encourage their children to follow all the safety rules and the coach's instructions.

The GBGFC, LLC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by GBGFC, LLC. I, my executors or other representatives, hold GBGFC, LLC harmless, waive and release all rights and claims for damages that I or my child may have against GBGFC, LLC and or its representatives whether paid or volunteer.

I also affirm that I now have, and will continue to provide, proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I understand that photos or videos may be taken in the gym, at competitions, at exhibitions or on field trips and may be used for promotions or publicity.

I give GBGFC, LLC authorization to charge my account for any overdue fees or balances that I have not paid.

By signing the below I acknowledge that I have read the Greater Buffalo Gymnastics & Fitness Center Parent Handbook for the upcoming season. I affirm that understand the rules and policies of the facilities and will abide by them.

Parent or Guardian Signature: _____

Date: ____/____/____

*** PLEASE NOTE -- The Following **must** be completed in order to register your child:

1. Completed & Signed Registration Form.
2. **Non-Refundable \$40.00 Registration Fee per child.**
3. First Month's Tuition.
4. Confirmation call from the gym prior to your child's first day of class. Your child will be unable to start class until you receive this call.

If you would like us to keep your card on file and automatically bill you on or around the first of each month, please sign below. Card must be present upon registration.

Parent or Guardian Signature: _____

Date: ____/____/____

For office use only: Date rec'd: _____ Registration fee: _____ Tuition: _____ Method: _____

Confirmed Date: _____ With Who: _____ By Who: _____ Class Day: _____ Time: _____ Level: _____ September 2018