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[www.greaterbuffalogymnastics.com](http://www.greaterbuffalogymnastics.com)

2019- 2020 REGISTRATION FORM

• PRINT CLEARLY IN BLUE or BLACK INK • ONE STUDENT PER FORM • INCOMPLETE FORMS WILL BE RETURNED •

### PROGRAMS

- 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
- Boys/Girls Team Current Level: \_\_\_\_\_  
(Circle One)

1ST CHOICE: DAY & TIME \_\_\_\_\_

2ND CHOICE: DAY & TIME \_\_\_\_\_

3RD CHOICE: DAY & TIME \_\_\_\_\_

### STUDENT

FIRST & LAST NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_ T-SHIRT SIZE (TEAM ONLY) \_\_\_\_\_

### PARENTS/GUARDIANS

MOTHER: MRS./MS./DR. \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER: MR./DR. \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**(OVER)**

Please list any limitations, allergies, or illnesses your child has in order to allow our staff 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/your child has an Epi Pen, please place one in a baggie with first & last name on it to leave at the gym.

MEDICAL/PHYSICAL/FUNCTIONAL LIMITATIONS: \_\_\_\_\_

ALLERGIES/ILLNESSES: \_\_\_\_\_

NAME OF MEDICAL INSURANCE COVERAGE: \_\_\_\_\_

PREVIOUS EXPERIENCE: Number of Years: \_\_\_\_\_ Highest Level: \_\_\_\_\_ Here at Greater Buffalo? Yes \_\_\_ No \_\_\_

**GREATER BUFFALO GYMNASTICS & FITNESS CENTER, LLC WAIVER**

We, the staff of Greater Buffalo Gymnastics & Fitness Center, LLC (Greater Buffalo Gymnastics) want all members and their families to be aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, 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 coaches' instructions.

Greater Buffalo Gymnastics, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, or open workouts, or during the course of any exhibition, competition, or clinic in which he or she may participate in, or while traveling to or from an 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 Greater Buffalo Gymnastics. I, my executors or other representatives, hold Greater Buffalo Gymnastics harmless, and waive and release all rights and claims for damages that I or my child may have against Greater Buffalo Gymnastics 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 video may be taken at the gym, at competitions, exhibitions, field trips or other activities offered by Greater Buffalo Gymnastics that may be used for promotions or publicity. I also give Greater Buffalo Gymnastics authorization to charge my account or take action for any overdue fees or balances I have not paid.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\* PLEASE NOTE -- The Following **must** be completed in order to register for one of our programs:

1. Completed & Signed Registration Form.
2. **Non-Refundable Registration Fee per student.**
3. First Month's Tuition.
4. Confirmation call from the gym prior to your first day of class. You/your child will be unable to start class until you receive this call and have been placed into a class.
5. Read the class/team parents handbook(s) found on our website. You are responsible for the information contained in it.

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. Your card must be present upon registration.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Confirmed Date: \_\_\_\_\_ With Who: \_\_\_\_\_ By Who: \_\_\_\_\_ Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ Level: \_\_\_\_\_ September 2019