



**2007-2008
Registration Form**

Mail to:
Campbell's Gymnastics, LLC
18 Knollwood Drive
Clinton, CT 06413
Office: (860) 669-4949
Fax: (860)-669-3547
www.campbellsgymnastics1.com

Registration Information

Parent's Names				
Home Phone		Cell Phone		Work Phone
Address				
City		State		Zip

Child #1 Name				
Age		Date of Birth		Male/Female
Class Choice		Day		Time

Child #2 Name				
Age		Date of Birth		Male/Female
Class Choice		Day		Time

Medical Information

Emergency Contact		Phone	
Special Limitations			
Allergies			

Credit Card Master Card Visa **Card #** _____

Name on Card _____ **Exp.** _____

How did you hear about us? _____

Liability / Safety Waiver:

I hereby give my consent to the aforementioned person/s to participate in Campbell's Gymnastics, LLC and that person/s is/are willingly able to participate in the program without any restrictions. It is our policy at Campbell's Gymnastics, LLC that you provide and use your own insurance at all times. I understand that gymnastics and all programs here, involve height and motion, therefore presenting an evidence of risk of serious injury or even death. It is furthermore understood that Campbell's Gymnastics, LLC, it's officers, employees, teachers and coaches will be released from all liability for any and all damages and injuries suffered by the aforementioned person/s while under the instruction, supervision or control of Campbell's Gymnastics, LLC. I understand that Campbell's Gymnastics, LLC retains the right to use photographs or videotapes for the use of advertising, brochures, newsletters and bulletin boards. I acknowledge by signing this waiver, I will abide by and agree on all rules, procedures and policies of Campbell's Gymnastics, LLC.

Parent / Guardian Signature: _____ **Date:** _____

E-mail Address: _____