



Registration Fee: \$30.00

Student Name		(Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		Age	Birth Date
Day and Time Desired		1st Choice	2nd Choice		
Parent's Name	Home Phone	Cell Phone (Mother <input type="checkbox"/> Father <input type="checkbox"/>		Cell Phone (Mother <input type="checkbox"/> Father <input type="checkbox"/>	
Address	City	State	Zip		
Email Address (if you wish to receive notices and/or newsletters via email)					

PERMISSION STATEMENT: *The above named person has my permission to attend MAGC. I confirm this person's good health. I am also fully aware of and appreciate the risk of serious accidental injury, including head and neck injuries, as well as other damages and losses associated with participation in a gymnastics class or event. I hereby give my permission for MAGC officials to call a doctor and/or the person listed above for treatment in the event of an emergency. I further agree not to hold any MAGC official*

I do hereby verify that I fully understand and accept the above statement

Parent/Guardian Signature

Date