



Registration Fee: \$30.00

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Day and Time Desired

\_\_\_\_\_  
 1st Choice

\_\_\_\_\_  
 2nd Choice

\_\_\_\_\_  
 Parent's Name

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Cell Phone (Mother  Father )

\_\_\_\_\_  
 Cell Phone (Mother  Father )

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

(Check One)

Male

Female

Age

Birth Date

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 a 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 or staff member responsible for any possible illness, accident or injury which might occur in training in class or on MAGC premises.*

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date