

All Smiles - All American Program Registration

Class: _____ Day: _____ Time: _____
Session: _____
Child's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/Zip: _____ Cell Phone: _____
Age: _____ Medical Concerns: _____
Emergency Contact Name: _____ Phone: _____

Please read carefully and sign

I, the undersigned participant and parent or guardian, if under eighteen, desiring to participate in the ALL SMILES - ALL AMERICAN GYMNASTICS programs and all special activities, hereby release and agree to indemnify and save harmless ALL SMILES – ALL AMERICAN GYMNASTICS, their employees from any and all claims of any nature for injury or loss that may result from such participation or preparation for such participation. I hereby fully consent to emergency medical care rendered by competent personnel or hospitals, should such attention become necessary during the special event. Further, I certify that the entrant is in good physical condition and capable of participating in programs.

Parent/Guardian Signature: _____ Date: _____

Please print out this form and complete.

Mail or bring the form with payment to the All Smiles – All American Gym:

All Smiles-All American Gymnastics 323-A Business Lane, Ashland, VA 23005

Or email this to dkoehlergymnastics@gmail.com