

2018 / 2019 GYMNASTICS REGISTRATION

FIRST BAPTIST CHURCH, Norman – FAMILY LIFE CENTER

Date _____ Male ____ Female ____

Name _____ Phone (day) _____ (cell) _____

Address _____ City/State _____ Zip _____

Email _____ Church Affiliation: _____ None ____

DOB _____ Age ____ Grade Beginning _____ EPIC Funding Yes / No (circle one, please)

Mother _____ Employed by _____ Phone _____

Father _____ Employed by _____ Phone _____

In case of emergency _____ Phone _____

Child's Physician _____ Phone _____

GYMNASTICS ENROLLMENT:

Please circle the class time you want to enroll in and check the day.

_____ **Tuesday Gymnastics Class**

_____ **Thursday Gymnastics Class**

10-10:45am *Ages 3-6* \$40

10-10:45am *Ages 3-6* \$40

10:55 – 11:40am *Ages 3-7* \$40

10:55 – 11:40am *Ages 4-13* \$40

3:40 – 4:40pm *Ages 4-11* \$45

3:40 – 4:40pm *Ages 4-11* \$45

4:45 – 5:35pm *Ages 3-12* \$40

4:45 – 5:35pm *Ages 3-11* \$40

5:40 – 6:40pm *Ages 7-15* \$45

5:40-6:40pm *Ages 7-14* \$45

_____ **Both**

Please list any physical issues / allergies / concerns that the instructor needs to be aware of:

RELEASE: I hereby give permission and authorize the members of the Family Life Center /Gymnastics staff to seek and/or administer emergency medical treatment to my child in the event I cannot be reached. I give my consent for my child to participate in gymnastics. I fully understand the nature of gymnastics and acknowledge that my child is physically free of illness and/or injury which would otherwise prohibit participation in activities. I understand that photos or video may be taken during gymnastics and permission is granted for photos or video to be used by First Baptist Church for promotional purposes only. Furthermore, I hereby release all FLC / Gymnastics Staff from any cause of action that may arise during the **2018/2019** gymnastics sessions.

Signature: Parent/Guardian _____ Date _____