

REGISTRATION \$30

_____	_____	Gender: M / F	_____	____/____/____
First Name	Last Name	Circle One	Age	Date of Birth
_____	_____	_____	_____	_____
Mother's Name	Cell Phone	Father's Name	Cell Phone	
_____	_____	_____	_____	_____
Address	City	State	Zipcode	Email Address
_____	_____	_____	_____	_____
Day & Time Desired				2nd Choice

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 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 and the make-up policy. _____

Signature Today's Date