



# REGISTRATION FORM

03-07

12300 Owings Mills Blvd.  
Reisterstown, MD 21136

phone 410-526-3527 • fax 410-526-3529  
mail@unitedgym.net

How did you hear about United? \_\_\_\_\_

Have you taken a class here before?      **YES**      **NO**

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

Mom's Work and/or Cell Phone \_\_\_\_\_

Dad's Work and/or Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(phone number) (name)

E-mail Address \_\_\_\_\_

Primary Guardian  BILL \_\_\_\_\_

Secondary Guardian  BILL \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

CHILD'S NAME	DOB	AGE	SESSION	DAY	TIME	CLASS

Registration Fee \_\_\_\_\_ Tuition Fee \_\_\_\_\_ Total \_\_\_\_\_ Office Use Only V MC CSH CHK# \_\_\_\_\_

**PERMISSION STATEMENT & MODEL RELEASE** My child/ren has permission to participate at United Gymnastix Inc. I confirm this student(s) is in good health. I am also fully aware of and appreciate the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for United Gymnastix Inc. officials to call a doctor and/or the parents for treatment in the event of an emergency. I further agree not to hold any United Gymnastix official or staff member responsible for any possible illness, accident, injury, or death which may occur in training or class; nor any other damages, losses, or theft on United Gymnastix Inc.'s premises. I do here verify that I fully understand and accept the above statements and the guidelines set forth in this brochure. I understand there will be no refunds after the first class. Upon signing, I give my permission to United Gymnastix Inc. for photographs or video tapes to be taken for the purpose of, and use in, publications, promotions, and/or for other reasons that could expose a recognizable member of my family to the public.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

