

Hartford Gymnastics
610 Wacker Dr. Building Unit A
Hartford WI. 53027

2024 HARTFORD GYMNASTICS TEAM & HIGH SCHOOL SUMMER REGISTRATION

Student's Name: _____ Age: _____ Grade: _____ Birthdate: _____

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Student's Name: _____ Age: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Emergency Contact: _____ Phone: _____

Any Physical limitations we should be aware of? _____ If yes, please explain. _____

I grant permission for my child(ren) to participate in the program for which they are enrolled. In consideration of his/her engaging in this activity I agree to save harmless the said instructor, his/her associates and Hartford Gymnastics because of any claim arising in behalf of my said child from a possible injury or illness.

Hartford Gymnastics has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19. Further, attending Hartford Gymnastics could increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 while attending.

PARENTAL CONSENT: I am the minor's parent or guardian and I understand the nature of the Waiver of Liability above and verify and consent to the minor attending the Hartford Gymnastics. On the minor's behalf, I hereby release, covenant not to sue, discharge, and hold harmless Hartford Gymnastics, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

By signing this contract, you are making a commitment to pay \$195 for the **FULL** session. We Accept Cash/Check
*****There is a \$10 Late Fee for Registration Received after June 8th.*****

Parents/Guardian Signature: _____

Student Name/Class Day & Time: _____

Student Name/Class Day & Time: _____

Student Name/Class Day & Time: _____

Registration Fee: _____ Class Fee: _____ Total: _____ Amount Paid: _____ Balance Due (Fees Non-Refundable): _____

FEES ARE NON-REFUNDABLE