

Bloomsburg Area YMCA
GYMNASTICS REGISTRATION

30 E. Seventh Street, Bloomsburg, PA 17815
Email: skrum@bloomsburgymca.org

2018

Phone: 570-784-0188
Fax: 570-784-4303

PLEASE PRINT: **Class Day** _____ **Time**

TumbleBaby Crawlers (Crawling-Walking) ___ TumbleBees (Age 4 & 5) ___
TumbleBaby Walkers (Walkers-Age 3) ___ Gymnastics (Age 6-12): 1 ___ 2 ___ 3 ___
TumbleBugs (Age 3) ___
COMBO TumbleBugs/TumbleBees ___ Clinics ___ Privates ___

Participant's Name: _____ **Gender:** Male ___ Female ___

Age as of today: _____ **Date of Birth:** _____

Parent Name: _____ **Parent Name:** _____
or Legal Guardian Name: _____

Street Address: _____ **City:** _____ **Zip:** _____

Parent Cell Number: () _____ **Parent Cell Number:** () _____

E-mail Address: _____ @ _____

Emergency Contact: _____ **Relationship:** _____ **Cell Number:** () _____

Are there any medical conditions or special needs of which we should be aware? Check one: Yes ___ No ___

If yes, explain: _____

Waiver of Responsibilities

I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment, and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators/agents/contractors are harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement. I authorize the Bloomsburg Area YMCA or its designees, agencies and contractors to create have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

Participant/Guardian Signature

Date