

Punxsutawney Area Community Center Gymnastics

2019 - 2020 Registration Form

Attendance & Payments will be taken by PACC Main Office Employees

Child's Name _____ Male Female Phone #: _____

Address _____ City _____ ZIP _____

Birth date _____ Age _____ Grade _____ Mother _____ Father _____

Email _____

Allergies _____

(example: peanuts, bee strings, etc.)

Medical _____

(example: diabetes, asthma, etc.)

(Circle One)

Tumbling Tots

Pre-level

Level 1 2 3 4

Emergency contact persons (other than parents)

Name _____ Phone# _____

I am the parent/guardian of the above-named minor child. I hereby grant permission for him/her to participate in the **Gymnastics Program** sponsored by the Punxsutawney Area Community Center.

I hereby grant my permission for my child to be treated by an athletic trainer and/or medical Doctor in case of injury or illness and I cannot be reached.

I hereby agree that the Punxsutawney Area Community Center (PACC), its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of PACC, and we agree to indemnify and hold harmless PACC, its members, coaches, officers, or designated of any kind from any claim whatsoever.

Date _____

Signature of Parent/Guardian

I hereby accept responsibility for all fundraising material given to my child by the Punxsutawney Area Community Center.

Date _____

Signature of Parent/Guardian

Any pictures taken of my child may be used by PACC for publicity purposes.

Date _____

Signature of Parent/Guardian

Office use only:

Amount Paid _____ **Check #** _____ **Cash** _____ **Initials** _____ **Date** _____ **Time** _____