Punxsutawney Area Community Center Gymnastics

2016-2017 Registration Form

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 _____