

# INTERSTATE

Gymnastics & Dance

## Sweet Beginnings/Mom & Tot Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participating Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home # \_\_\_\_\_ Email \_\_\_\_\_

Cell # (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent's names: Mother \_\_\_\_\_ Father \_\_\_\_\_

Please list any information you feel we should know regarding your child and his/her health, safety and welfare.

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**\*\*Sweet Beginnings/Mom & Tot classes are only \$80 for each 8 week session\*\***

**Waiver and release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, a well as other damages and losses, associated with participation in a gymnastics event. I further agree that Interstate Gymnastics, Inc. along with the employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of participation in this event.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Where did you get our contact info? Please circle:

Internet    Yellow Pages    Family/Friend    Other \_\_\_\_\_

**Only Parents/Guardians are allowed in class with participating child.  
NO SIBLINGS PLEASE!**