

# EARLY OUT REGISTRATION FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ School \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions/allergies of which we should be aware of :

\_\_\_\_\_

As legal guardian of \_\_\_\_\_, I recognize that injuries can occur in any activity involving height or motion. I voluntarily consent to the aforementioned person participating in Triad Gymnastics, L.C.'s activities and accept all risks associated with that participation.

I give permission for Triad Kids Campus to take photographs of my child and have them used for promotional purposes, have them printed in the newspaper, on television, on Triad's website and in any flyers or brochures.

\_\_\_\_\_

Parent or legal guardian's signature Date