



144 E. 2580 S. Circle  
 St. George, UT 84790  
 350 North Community Center Dr.  
 Washington, UT 84780  
 Phone: (435) 652.4025  
 www.champion-utah.com

## Champion Gymnastics Registration Form

Gymnast's Name: \_\_\_\_\_  
Last First

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ M / F Enrollment Date: \_\_\_/\_\_\_/\_\_\_  
 Trial Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are there any concerns that the instructor's should know about when working with your child? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### Registered Class

Class ID #1	Class ID #2	Registration Fee/Date
\$	\$	
Class Fee		Total amount paid

I understand that this card will be charged if auto withdrawal fails or if payment has not been received by the 6th of each month. I authorize Champion Gymnastics to charge tuition and any related fees to this account.

Required Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cancelled Check received

\_\_\_\_\_  
Initial

### Emergency Information

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

Doctor: \_\_\_\_\_  
Name Phone

Medical Concerns: \_\_\_\_\_

I fully understand that my child has registered for gymnastics instruction at Champion Gymnastics of Southern Utah. Registration requires full payment for the class/classes which you enroll before my child will be able to participate. I understand that overdue balances and fees will prevent my child from participating in classes. I give permission to Champion Gymnastics to use images of my child for marketing purposes and program development. I recognize the fact that any activity involving height and motion, including gymnastics, creates the possibility of serious injury or death. I give permission for Champion Gymnastics employees to temporarily render first aid in case of emergency. I hereby and forever release Champion Gymnastics of Southern Utah, LLC, its owners, agents, employees, and volunteers from any claims on any injuries which may be sustained while participating at Champion Gymnastics. I acknowledge these policies and accept these terms for my gymnast.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_