



S. Warminster Rd. Hatboro, PA. 19040

Family Information

_____ (____) _____
 Last Name Home Phone

_____ _____
 E-Mail Address

_____ , _____ , _____
 Street City State Zip Code

Guardian Information

_____ (____) _____
 Mother's Name Alternate Phone Number Ext. # Employer/Occupation

_____ (____) _____
 Father's Name Alternate Phone Number Ext. # Employer/Occupation

Emergency Information

In the event of an emergency or accident, who to call if parents cannot be reached:

Name	Relation to Student	Phone Number
_____	_____	_____

As the parent(s) or legal guardian(s) of the student(s) named on reverse side, I hereby consent to his/her participation in the programs offered by Ricochets Gymnastics, Inc. and to the use of all facilities at Ricochets Gymnastics, Inc. As a condition to participation in RICOCHETS programs, I hereby release and forever discharge Sarah Lang and Christopher Zimmerman and/or any employees, or any individual acting on behalf of RICOCHETS, and connected with this program in which I, or my child may participate, from any and all claims, demands, or losses of every kind and nature which may result to my child, myself, or my heirs, except where such losses or damages is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. I recognize and acknowledge all risks involved in participation in the above program and assume all risks inherent in participation in the same. I am aware that individual and group publicity photos and videos are taken from time to time, and I hereby grant permission for my or my child(ren)'s likeness to be used in Ricochets Gymnastics publicity or advertising. I have read and fully understand this liability waiver, and agree to the club policies.

Parent/Guardian's Signature: _____
 Date: _____

Student Information

_____ / ____ / ____
 First Name Last Name Sex (M/F) Date of Birth

_____ Date of Open Gym

Any disabilities, or conditions requiring our special attention, please list below:

