Registration Form and Waiver



Last Name:				
Address:	City:		Zip:	
Home Phone:		_ Cell:		
Email:				
	Athlete Name	Age	Class	
			OPEN GYM	
In consideration of you executors, and adminis USA LLC (SGA) and it arising out of said even verified by a licensed d named organization an	gree to sign before participation or accepting this application, I undersign trators, waive and release any and all release any and all releases, successors, and assigns dat. I attest and verify that I am physical octor. If signed by a parent/legal guard persons harmless of any claims and/so agree to permit photos taken of the	gned intending ights and clain amages, injurie lly fit for the sp dian, the paren or rights which	ns I may have against Sher s and / or claims which I r port of gymnastics. My ph t/legal guardian agree to r n might be asserted by or o	n's Gymnastics Academy might otherwise have nysical condition has bee release and hold the abov on behalf of the applicant
Parent/Gu	ardian Signature			 Date