

2011-  
2012-  
Option

**Gym 77' WATROUS CLUB**  
**REGISTRATION FORM 2011-2012**

Child's Name: (First and last) \_\_\_\_\_

Hospitalization Number: \_\_\_\_\_

Child's Age: (as of Dec. 31/11) \_\_\_\_\_ Birthday: \_\_\_\_\_ YYYY MM DD

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
(this will be our 1<sup>st</sup> form of communication)

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

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**IN CASE OF EMERGENCY**

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

Emergency Phone Number: \_\_\_\_\_

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**MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

List any allergies or medications that we should be aware of:

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I RECOGNIZE THAT THE SPORT OF GYMNASTICS HAS CERTAIN INHERENT DANGERS  
AND I TRUST THE COACH AND THE JUNIOR COACHES WILL TAKE THE NECESSARY  
PRECAUTIONS IN ORDER TO MINIMIZE THE CHANCE OF INJURY IN THIS PROGRAM.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_