

**COUNTRYSIDE GYMNASTICS REGISTRATION**  
**ONLINE AGREEMENT TO PARTICIPATE**

**BRING THIS FORM AND RECEIVE 10% OFF YOUR 1<sup>st</sup> MONTH FEES!**

330 McARTHUR ROAD, FAYETTEVILLE, NC 28311 (910) 488-9380 [gym-for-2000@worldnet.att.net](mailto:gym-for-2000@worldnet.att.net)

**Gymnastics Trial Class Information:**

Date \_\_\_\_\_ Level \_\_\_\_\_ Day & Time \_\_\_\_\_ Date Received at Gym \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ Method of Payment \_\_\_\_\_  
Reg. \$ \_\_\_\_\_ FEES 1<sup>st</sup> month \$ \_\_\_\_\_ 2<sup>nd</sup> month \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**HOME #** \_\_\_\_\_ **MOTHER'S CELL #** \_\_\_\_\_ **FATHER'S CELL #** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_

**Home Address:** Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

1<sup>st</sup> CHILD'S NAME \_\_\_\_\_ BIRTHDAY (M/D/Y) \_\_\_\_\_ AGE \_\_\_\_\_

2<sup>nd</sup> CHILD'S NAME \_\_\_\_\_ BIRTHDAY (M/D/Y) \_\_\_\_\_ AGE \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY (OTHER THAN PARENT):

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT'S AGREEMENT: I UNDERSTAND THAT GYMNASTICS (INCLUDING TUMBLING) IS A DANGEROUS SPORT THAT CAN INVOLVE RISK OF INJURY TO THE PARTICIPANT. IT IS WITH THIS IN MIND THAT I RELIEVE COUNTRYSIDE GYMNASTICS' PERSONNEL OF ALL LIABILITY IN CASE OF INJURY TO MY CHILD.

**MEDICAL RELEASE INFORMATION**

NUMBER WHERE PARENT OR GUARDIAN CAN MOST LIKELY BE REACHED DURING CHILD'S REGULAR CLASS HOURS \_\_\_\_\_

PRETINENT MEDICAL HISTORY, SUCH AS ADD, ADHD, EPILEPSY OR ASTHMA

If yes, please explain history, and CountrySide Gymnastics will need parent's family doctor's permission before child can participate in any activity at CountrySide. \_\_\_\_\_

CURRENT MEDICATION \_\_\_\_\_

ALLERGIES TO ANY MEDICATION \_\_\_\_\_

I, \_\_\_\_\_, (CIRCLE RELATIONSHIP-FATHER, MOTHER, GUARDIAN) GIVE PERMISSION FOR MEDICAL PERSONNEL TO PERFORM NECESSARY EMERGENCY TREATMENT ON \_\_\_\_\_ (STUDENT'S NAME)

Fees are due the first class of each month. Your child is enrolled until you notify us to take him/her out of our program; please give two weeks notice. Have your child leave all jewelry and important items at home as COUNTRYSIDE IS NOT RESPONSIBLE FOR ITEMS LEFT IN THE GYM. Our make-up policy is very flexible, with no time limit. Please call ahead to reserve your child's make-up time. Monthly fees are prorated if your class starts after the beginning of the month.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT (If he/she is 13 or older) DATE