

Owatonna Gymnastics Club Registration Form

Session (circle one):

Summer Fall I Fall II Winter Spring I Spring II

Gymnast's Name _____

Class _____

Day/Time _____

Parents/Guardian _____

Address _____

City _____

Home phone _____ Cell phone _____

Gymnast's age _____ Date of birth _____

Medical Problems _____

Other information you would like us to know about your child _____

I fully understand that gymnastic activities may be dangerous and that the gymnast is exposed to the risk of injury. I hereby give permission for my son/daughter listed above to participate in the program and activities of the Owatonna Gymnastics Club and release the club and instructors from any liability resulting from participation.

Signed _____

Date _____

Registration is not assured until complete payment is received. Please mail with payment to:

OGC
P.O. Box 162
Owatonna, MN 55060

Payment enclosed \$ _____