

GYMNASTICS ENROLLMENT AGREEMENT

Class _____

Day & Time _____

Name _____

Age _____ Birthday _____

Address _____

City _____ Zip Code _____

Home Phone (_____) _____

Mother's Name _____

Father's Name _____

Mom's Work# (_____) _____

Dad's Work # (_____) _____

Cell # (_____) _____

Cell # (_____) _____

Occupation _____

Occupation _____

E-mail Address _____

Mem # Credited for Referral _____ Date _____

How did you hear about us?

Describe any physical or medical condition(s) which our instructor needs to be aware of: _____

EMERGENCY INFORMATION:

Doctor's Name _____

Phone No. (_____) _____

Health Insurance Carrier _____

Policy No. _____

MEDICAL TREATMENT RELEASE:

In the event of an accident or illness, North Bay Athletic Association, Inc. (NBAA) and/or its employees or officers have my permission to secure medical attention for my child, if they are unable to contact me immediately. Any attending physician(s) has my consent to administer all emergency medical measures which he or she deem necessary for the well-being of my child.

X _____ X _____
Signature Of Parent or Legal Guardian Date Signature Of Parent or Legal Guardian Date

NEAREST RELATIVE(S)/FRIEND(S):

Name _____

Phone No. (_____) _____

Name _____

Phone No. (_____) _____

PHOTOGRAPHY RELEASE:

I hereby grant permission on behalf of myself and my family to be photographed by North Bay Athletic Association's (NBAA) staff, parents, or contracted photographer(s) at anytime during the course of instruction, or at any onsite or offsite event in which I or our family participate. I further grant my full permission to NBAA to copyright, use, reproduce, publish or display all photographs taken of myself or my family for the purpose of advertising, marketing and, public performances or displays. It is my understanding that all photographs taken by the photographer will be copyrighted, that no fee will be charged by me or my family for our services, and that all photographs may be published at any future time. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND ITS CONTENTS. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

North Bay Athletic Association
415 Mississippi St. Vallejo, CA 94590

(707) 643-9622



Rev. 12/4/2007