## **Star Bound Gymnastics Academy** 447 Landis Avenue

447 Landis Avenue Bridgeton, NJ 856-453-7996

## **Student Registration Form**

		/ Home	e Phone: ( )		
Stu	ident's Name Sex	Date of Birth			
Maili	ng Address	City	State	Zip Code	
Emergency Contact:_		Phone: (	)		
Are there any medical	conditions or previous injuries of v	which we should be alerted	?		
Mom's Name:	m's Name:Place of Business/Phone #		Cell Phone #:		
Dad's Name:	Place of Busir	Place of Business/Phone #		Cell Phone #:	
E-mail address:					
How did you learn abo	out Star Bound? (If word of mouth,	from whom?)			
***	****	***	***	***	
Acknow	edgement of Risk, Waiv	ver of Liability, M	edical Author	rization	
including but not lin motion, including but these dangers, I volu Academy, Inc. program In considera child and our respect and release them fro	ardian ofnited to permanent paralysis or cat not limited to gymnastics, tunularily consent to the aforement rams and activities and accept all tion for allowing my child to us tive heirs, hereby release and commall liability for any and all dation or control of Star Bound Gy	leath can occur in sports abling, trampoline, and contioned person participating and the least associated with the these facilities, I, on movenant not to sue Star Bernages and injuries suffer	or activities involuted in any Star Bound or any Star Bound participation.  y own behalf and bound Gymnastics.	ving height or ng fully aware of and Gymnastics the behalf of my Academy, Inc.,	
taken to a hospital for representatives harm	of an emergency, and I cannot be a medical treatment and I hold a cless in their execution of this acce medical expenses which may be to Star Bound.	Star Bound Gymnastics Action. Additionally, I her	Academy, Inc. and eby agree to indiv	l its vidually provide	
	and understand this <b>acknowleds</b> voluntarily affix my name in as		<b>er of liability</b> and	medical	
-	Parent or Legal Guardian	's Signature	Date		