

EMAIL ADDRESS (will be used as login/confirmation will be sent via email) _____
 (please print clearly)

GYMNAST'S NAME _____ DATE OF BIRTH _____ GENDER _____
 GYMNAST'S SCHOOL _____ SCHOOL LOCATION (STATE) _____
 PARENT'S NAME _____ WORK/CELL PHONE _____
 EMERGENCY CONTACT _____ EMERGENCY PHONE _____
 HOME ADDRESS _____ HOME PHONE _____
 CITY, STATE _____ ZIP CODE _____

Check all boxes that apply:

	Half Day (8:45 - 11:45am)	Half Day + Lunch (8:45 - 1:00pm)	Full Day (8:30 - 4:00pm)	Early Drop Off (8:00 - 8:30am)	Late Pick-up (4:00 - 6:00pm)
June 11th - 15th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 18th - 22nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 25th - 29th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 2nd - 6th*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 9th - 13nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 16th - 20th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 23rd - 27th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 30th - August 3rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 6th - 10th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 13th - 17th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 20th - 24th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# wks ____ x \$200	# wks ____ x \$240	# wks ____ x \$325	# wks ____ x \$25	# wks ____ x \$50 = \$ _____

TOTAL

*July 2nd - 6th: Half-day \$160; Half Day + Lunch \$195; Full Day \$260; Early Drop Off \$20; Late Pick-up \$40

CLUB WAIVER & RELEASE FORM

I fully understand that Dynamite Gymnastics Center, LLC ("DGC") staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release DGC staff to tender temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the DGC staff member, to call our doctor and to seek medical help, including transportation by a DGC staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should DGC staff deem this to be necessary.

We, the staff of DGC, recognize our obligations to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling and cheerleading can be dangerous and lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. DGC, its coaches and staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading or dance instruction, or open gyms, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by DGC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against DGC and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child accordingly to what the parent feels is appropriate. DGC will only warn the child through safety messages, our teaching style and progressions.

Photographic Release: I agree to allow my child's likeness to be used on the website and in promotional materials for Dynamite Gymnastics Center.

Parent/Guardian Signature _____ Date _____

How did you hear about us? _____

PAYMENT INFORMATION (please print clearly)

DEPOSIT OPTION: \$100 PER WEEK
 (Balance due June 1st)

NAME AS IT APPEARS ON YOUR CREDIT CARD _____ AMOUNT TO BE CHARGED _____
 CREDIT CARD TYPE (i.e., VISA, Mastercard, American Express) _____ EXPIRATION DATE _____
 CARD NUMBER _____ SECURITY CODE _____ ZIP CODE (billing address) _____

I, _____, authorize Dynamite Gymnastics Center to charge the above amount to my credit card.
 I understand that there are no refunds or credits.

EMAIL this form to registration@dynamitegc.com, FAX TO 301.770.2727 or BRING to DGC.
Signature and payment are required to complete registration.

SIGNATURE _____