

I would like to enroll at Joan's Olympic Gym & Fitness Center

Please print clearly in ink

Child's Name: _____ Type of Lesson _____

Street _____ City/Zip _____

Birth Date _____ Age _____ Email _____

Home/Cell Phones _____

Name of Insurance Co _____ Physician _____

Special Medical/Emotional Characteristics _____

How did you hear about us? _____

Office:

Lesson Day _____ Time _____ Rate _____ Start _____

Registration Fee _____ Amt Paid _____ Date _____ Approved _____

I intend to be legally bound, hereby for myself, my heirs, executors and administrators, waive the release any and all rights and claims for damages I may have against Joan's Olympic Gym & Fitness Center, its agents, representative, successors or assigns for any and all injuries and damages, including from any communicable diseases, suffered by student in or at or in connection with these programs. I waive and release any and all rights and claims for images used by Joan's Olympic Gym for all use, including Facebook and any other social media. Also, I understand that in the event of an emergency, every effort will be made to reach me. I authorize Joan's Olympic Gym & Fitness Center, Inc. to Dial 911 rescue squad to take such measures deemed necessary for the well-being of my child.

Parental Signature _____ Date _____

(Registration not accepted without signature)

Feel Free to photocopy this form.

Parents:

Please print Registration form, fill in information (PLEASE PRINT CLEARLY) and email back to us at joansolympicgym@gmail.com, mail to Joan's Olympic Gym, 197 Quincy Avenue, Braintree, MA 02184 or you can bring to the Gym when classes start.