## STUDENT REGISTRATION FORM & RELEASE CENTRAL VIRGINIA GYMNASTICS LLC.

Class			REG.2023
Day			REG.2024
Time			REG. 2025
STUDENT INFORMATION:			
First Name:	Last Na	ame:	
Gender:/_	/		
Address:			
City:	_ State:	Zip:	
email:			
email: Mother's Name:	Phone # (	)	<del></del>
Father's Name:	Phone # (	)	
Emergency Contact:	Pho	one: ()	
Does your child have any physical limita No: Yes: If "yes", explain:			
week (wk. 4) of the sess charged if payment is <u>n</u>	occur the last week on Sion prior to each <u>new</u> ot received by first cla	of the session for the next sess <u>v</u> session <u>to hold your spot.</u> Th	ere will be a \$10 LATE FEE
CAUTION: ANY ACTIVITY INVOLVING INJURY, INCLUDING PERMANENT P			
<b>THE HEAD OR NECK.</b> As the legal guardian for the child registered on this form, I consent for him / her to			
participate in gymnastics classes conducted by Central Virginia Gymnastics, LLC. I recognize any activity involving			
height or motion can create the possibility of serious injury including permanent paralysis and even death from			
landing or falling on the head or neck. I forever release Central Virginia Gymnastics, LLC, Central Virginia Gymnastics,			
LLC managers, agent and employees from all liability and for any damages and injuries suffered or contracted as a result of participate in gymnastics classes at Central Virginia Gymnastics, LLC.			
result of participate in gyinnastics classes	at Central Vilginia Gy	yiiiiastics, LLC.	
Please Note: Coronavirus (COVID-19) can Virginia Gymnastics, LLC (CVG) cannot prespreading COVID-19 while using CVG's ser Gymnastics' services and /or enter into CV contracting or spreading COVID-19	event you or your chil evices or premises. Th	dren from becoming exposed herefore, if you choose to utili	to, contracting, or ze Central Virginia
DADENT /CLIADDIAN CICA	ATUDE.	DATE	
PARENT/GUARDIAN SIGN	AIUKE:	DATE:	· / /