

ROACH GYMNASTICS

"Where the FUN never ends!"

Promotional Trial Release Form

Today's date _____

Student name _____

Age: _____ DOB _____

Parent name _____

Mailing address _____

Email Address _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

I would be interested in the following ROACH GYMNASTICS PROGRAMS:

Free trial class at ROACH GYMNASTICS in SUMNER _____

Birthday parties at the Sumner gym _____

BUCKLEY Parks & Recreation _____

FEDERAL WAY Parks & Recreation _____

ORTING PRIMARY SCHOOL _____

I give my child permission to participate in gymnastics at this event. Release of liability: I assume all risks and hazards of the conduct of this gymnastics program. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, against Roach Gymnastics and/or its employees.

Parent Signature

Date

OFFICE USE ONLY:

Date of free trial _____

Registration date _____
