

CALIFORNIA ACADEMY OF RHYTHMIC GYMNASTICS

3300 Wilshire Blvd.
Los Angeles, CA 90010
(213) 382-3915

REGISTRATION FORM

ABOUT THE STUDENT

First Name

Last Name

Birth Date

School

Grade

ABOUT THE PARENT

First Name

Last Name

Address

Street Name

City

State

Zip Code

Home Phone #

Cell Phone #

EMERGENCY CONTACT INFO

First Name

Last Name

Phone #

Relationship to Student

I confirm that my child is in good health. I understand that, while rhythmic gymnastics is a sport with low risk of accident or injury, there is nevertheless some risk and the possibility of accidental injury. I understand that it is my responsibility to carry individual accident and/or medical insurance covering the above-named participant. My Insurance carrier is _____. I will in no way hold the staff or employees of California Academy, Inc. responsible for any accident, illness, or injury that may occurred during participation in its training or activities.

I authorize California Academy to use, reproduce, and/or publish photographs that may pertain to my child—including my image, likeness and/or voice without compensation. This authorization is continuous and may be withdrawn with my specific recession of this authorization.

Parent's Signature

Date

