



GREATER JOHNSTOWN COMMUNITY YMCA TUMBLING REGISTRATION FORM

NAME: _____

ADDRESS: _____

DAY PHONE: _____

EVENING PHONE: _____

AGE: _____ BIRTHDATE: _____

YEARS OF TUMBLING OR GYMNASTICS EXPERIENCE: _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____

PHONE: DAY _____ EVENING _____

ADDRESS: _____

ZIP: _____

PLEASE LIST ANY MEDICAL INFORMATION OF WHICH WE SHOULD BE AWARE:

I as parent or legal guardian of the above-named child understand that the YMCA has not provided accident insurance for injuries sustained by me or my child.

I give permission for photos of my child and/or myself at YMCA activities to be used for promotional purposes.

GUARDIAN/PARENT NAME PRINT

GUARDIAN/PARENT SIGNATURE

DATE