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PLEASE PRINT. FILL OUT A SEPARATE FORM FOR EACH DIFFERENT EVENT.

MORE THAN ONE CHILD MAY BE INCLUDED ON THIS FORM.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact's phone number: \_\_\_\_\_ Cost of Event: \$ \_\_\_\_\_

Event Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event \_\_\_\_\_

Is student currently a member of Harford Gymnastics? \_\_\_\_\_ Yes \_\_\_\_\_ No

Being the legal guardian of the participant named above, I release Harford Gymnastics and its instructors, owners or agents from claims on any injuries which may be sustained while participating in any Harford Gymnastics Club, Inc. program. I recognize that any activity involving height and motion, such as gymnastics, can cause serious injury.

\_\_\_\_\_  
Signature of Parent:

\_\_\_\_\_  
date