



CARROLL CO COMMUNITY CENTER
GYMNASTICS

TUESDAYS

October 31 – December 5, 2017

Check the level you are registering for

LEVEL 1 5:00 pm

LEVEL 2 6:00 pm

LEVEL 3 7:00 pm

\$15-MEMBER \$30-NONMEMBER (\$10 late fee assessed after November 4, 2017)

Please return registration form and payment to the Carroll County Community Center

Participant Information- GYMNASTICS

Participant's Name: _____ Gender: M or F

Member: Yes or No Grade: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name(s): _____

Phone # (home): _____ (cell): _____

Email Address: _____

Registration Information

In consideration of accepting my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive and release all claims, damages, which I may have or which may hereafter accrue to me against the Carroll County Community Center, its sponsors, representatives or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or participation in the program. I attest I am physically fit and have full knowledge of the risks involved in the program. Participants and members involved in activities and classes give permission for use of their name, photograph, or other likeness of themselves, their oral or written statement; or other aspects of their personalities in whole or part for advertising or similar purposes. They give consent voluntarily and without expectation of any remuneration or reward and waive all rights to any such remuneration or reward.

Participant/Guardian's Signature: _____

For Office Use Only

Payment Type: cash/ check# _____ Amount \$ _____ Staff Initials: _____ Date _____