



Please print, fill-in, and mail this form
(along with a \$40 non-refundable deposit per child, per program) to:

GYMKHANA INC.

9795 Perry Highway

Suite 130

Wexford, PA 15090

Registration and payment can also be made via telephone using your Visa,
MasterCard, American Express or Discover Card.

412.366.3800

In addition to the class fees, Gymkhana charges a yearly Family Administrative Fee of \$35.

Child's Name _____ New Student? Y N

Male__ Female__ Birthdate_____ Class Day/Time_____ Session: fall wint. spr. sum.

Child's Name _____ New Student? Y N

Male__ Female__ Birthdate_____ Class Day/Time_____ Session: fall wint. spr. sum.

Child's Name _____ New Student? Y N

Male__ Female__ Birthdate_____ Class Day/Time_____ Session: fall wint. spr. sum.

Does your child have any siblings not listed on this form who have attended Gymkhana in the past?

If so, please name them: _____

Parent/Guardian Name(s) _____

Address_____ City_____ Zip_____

Home Phone_____ Work Phone(s)_____

Cell Phone(s)_____ Email_____

A complete list of rules and regulations can be found in the Gymkhana Brochure and on our website.

DEAR PARENT:

Please read the following information carefully. Your child will not be permitted to attend classes until this release has been received by the staff at Gymkhana, Inc:

I am aware that gymnastics and the gymnastic exercise associated with it may place stress on the body, and that they carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that Gymkhana, Inc., Corporate Officers, Faculty and any agent shall not be liable in any way for injuries sustained or loss of property during attendance at the school or any of its related functions. My child(ren) has/have permission to be treated for emergency medical care.

Signature of Parent or Guardian

Date