

**AURORA TURNERS GYMNASTICS
STUDENT REGISTRATION**

Gymnast name _____ Age _____

Parent Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone() _____

Insurance fees are \$25 for the first student and \$20 for all other family members in the program. This fee must be paid in order to participate in classes. The fee is good from September to September and cannot be pro-rated if you start midway through the season.

PIT WAIVER

I hereby allow my child(ren) who are participating in Aurora Tuners Gymnastics to use the pit and trampoline; and agree to hold Aurora Turners harmless if my child is injured while using the these pieces of equipment.

Signature _____
(parent or guardian)

Date _____

**EMERGENCY INFORMATION
(MANDATORY FOR TEAM)**

Home phone _____ Cell phone _____

Emergency # _____ contact _____

Insurance carrier _____ Hospital preferred _____

Doctor's Name _____

Allergies _____

Previous Injury _____
