



460 Rawles Court

GYMNASTICS UNLIMITED

Indianapolis, IN 46229
WWW.GU-INDY.COM

897- GO GU (4648)

Summer Camp Registration Form

Guardian's Name: _____ Guardian's Name: _____

Cell #: _____ Work #: _____ Cell #: _____ Work #: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail: _____

Emergency Contact: _____ Phone #: _____

(Please list another family member or friend who we may get in contact if you can not be reached.)

Student Name: _____ T-Shirt Size _____ Sex: _____ Age: _____ D.O.B. ___/___/___ (M/D/Y)

Student Name: _____ T-Shirt Size _____ Sex: _____ Age: _____ D.O.B. ___/___/___ (M/D/Y)

Student Name: _____ T-Shirt Size _____ Sex: _____ Age: _____ D.O.B. ___/___/___ (M/D/Y)

Student Name: _____ T-Shirt Size _____ Sex: _____ Age: _____ D.O.B. ___/___/___ (M/D/Y)

Insurance Name: _____ Policy #: _____

Are there any medical conditions that we should be aware of? _____

If your child were to appear in a group or individual photo taken at our facility or a G.U. function, are we free to use it for advertising purposes? _____ Yes _____ No

The Undersigned, as the natural parent(s) and/or legal guardian(s) of (student(s) listed above), a minor child ("CHILD"), on behalf of the Child and myself/ourselves, and my/ours, heirs, agents, assigns, successors, administrators and executors, hereby forever waive and release GYMNASTICS UNLIMITED, INC., and its loss suffered by the Child, however caused, which results in any way from the Child's participation in any program offered by GYMNASTICS UNLIMITED, INC.

Parent Signature: _____ Date: _____

Payment Information

Member or Non Member

Session I

Session II

Session I & II

