

----- 2017 Winter Mixed Gym Clinic Registration Form -----

Attendee's Name: _____ School: _____

Address: _____ Age: _____ Sex: M or F

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ How did you find us? _____

Phone: _____ , _____ , _____

Clinic Goal: (What skill do you want to learn or accomplish?)

Event Date: _____ Clinic: _____ Time: _____ Cost: _____

(Include payment with this form; mail payments, and payments over the phone also accepted.)

Emergency Contact: _____ Phone: _____

Physician: _____ Preferred Hospital: _____

For Participants Under 18 Years of Age:

I hereby give permission for my child to participate in this event and have read and signed the HA permission-release-information form (members have already signed this form; non-members MUST complete this form). IMPORTANT: HA's permission-release form gives instructions for actions to be taken in the event of an emergency and permission to treat if medical attention is needed and the parents cannot be notified.

Parent/Guardian Signature _____ Date: _____

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