



# The Ohio Gymnastics Institute, Inc.

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Austintown, OH 44515

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## OPEN GYM PARTICIPANT REGISTRATION FORM

\_\_\_\_\_  
Last Name (student): First Name (student): Date of Birth:

\_\_\_\_\_  
Last Name (mother): First Name (mother):

\_\_\_\_\_  
Last Name (father): First Name (father):

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City: State: Zip:

\_\_\_\_\_  
Primary Phone # Alternate #: Alt. Contact Name:

***\*\*\*Two phone numbers are required - alternate # can be a cell or work # at which you can be reached***

Does your child have any physical or mental conditions about which we should be aware?  
\_\_\_\_\_

### **PARENTAL CONSENT – Open Gym**

And I, the minor's parent and/or legal guardian, understand the nature of the activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any releasee may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of PARENT/GUARDIAN Date

\_\_\_\_\_  
Signature of PARENT/GUARDIAN Date