



# ENROLLMENT FORM AND WAIVER

Old Pueblo Gymnastics Academy  
Gymnastics Boot Camp for Adults  
Ages 18 and Over

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact(s) and Phone Number(s): \_\_\_\_\_

E-Mail (for boot camp updates / reminders / notices / etc.): \_\_\_\_\_

For emergency purposes, please complete the following insurance information:

Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Which is your doctor / hospital preference? \_\_\_\_\_

Describe any health concern, condition or prior injury that we should be aware of, or that may affect your ability to participate in boot camp: \_\_\_\_\_

What are your fitness goals? \_\_\_\_\_

Please sign and date the waiver on the other side.