

22-23 Registration Form  
Email form to  
[barnesam@aol.com](mailto:barnesam@aol.com)



351 Station Road, Ste 11A  
Berryville, Virginia 22611  
Gym contact: Margie Barnes  
703-309-8787

Member Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Pick up(s) \_\_\_\_\_

Special Medical Conditions/Allergies/ Restrictions \_\_\_\_\_

Session \_\_\_\_\_ Level \_\_\_\_\_ Class day (s)/time(s) \_\_\_\_\_

Session cost \$ \_\_\_\_\_ + Registration fee cost ~~\$55.00~~ \$30.00 (as of 1/15/23)= Total due \_\_\_\_\_

\*\*registration fee is paid 1 time a year (6/1/22-6/1/23)

Card type \_\_\_\_\_ -Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ V-code \_\_\_\_\_

Unless another form of payment is received by REVEL on time, I give permission to charge the above credit card on file for any unpaid tuitions and late fees. Permission also is given for payment on all in store merchandise purchases. By signing below, I verify that all information is correct, and I agree with the terms stated.

\_\_\_\_\_

Print Cardholder Name	Signature Cardholder	date of signature
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Zip code of card \_\_\_\_\_

As legal guardian of above participant(s), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports including but not limited to gymnastics, conditioning, group fitness, dance, tumbling, private lessons, birthday parties, open gym, and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any or all programs at REVEL Gymnastics or on any equipment or facility contents and I ACCEPT ALL RISKS associated with that participation. Further I agree that REVEL Gymnastics, along with its employees, agents, and owners shall not be liable for any losses or damages occurring as a result of my child's participation at REVEL Gymnastics.

I understand REVEL program requirements. I also have read REVEL rules and policies. I accept these terms.

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Signature of Parent/ Legal Guardian	Date
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Signature of Parent/ Legal Guardian	Date
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