

## CLASSIC GYMNASTICS REGISTRATION FORM

1. Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

2. Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Father Name \_\_\_\_\_ Mother \_\_\_\_\_

Father Work Phone \_\_\_\_\_ Mother Work Phone \_\_\_\_\_

Additional Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

Any special problems we need to be aware of \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Class Selection

Preschool \_\_\_\_ Gymnastics \_\_\_\_ Tumbling \_\_\_\_ Warrior \_\_\_\_ Day \_\_\_\_ Time \_\_\_\_

### Payment Information

I understand tuition is due by the 25<sup>th</sup> of each month for the next month. There is a \$5 late fee for payments after the 25<sup>th</sup> – 8th and \$10.00 late fee for payments after the 8<sup>th</sup> of each month. No billing statements will be mailed. A \$25.00 returned check fee would apply to all returned checks. No refunds for missed classes.

### Make up Policy

There are no refunds for missed classes. Call the office to schedule a make up class.

### Drop Policy

When withdrawing from the program it is necessary to inform us in writing 1 week prior to your withdrawal date. All accounts without proper withdrawal notice are automatically charged for the upcoming month. A withdrawal notice can be obtained at the front office.

### Acknowledgment of Risk and Waiver of Liability

As legal guardian of \_\_\_\_\_, I consent to he/she participating in the activities offered by Classic Gymnastics. I recognize the potential risk of severe injury that can occur in any activity involving height or motion, including gymnastics and related activities.

I understand that is the intent of Classic Gymnastics to provide for the safety and protection of my child and have agreed to allow my child to use these facilities. I hereby release Classic Gymnastics, employees, teachers, coaches, and owners from all liability for any and all damages and injuries suffered by my child.

As a legal guardian I agree to provide for the possible future medical expenses which may occur as a result of any injury sustained while training, competing, or performing for, Classic Gymnastics and agree not to bring legal action against Classic Gymnastics.

In case of emergency, I authorize the staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

This acknowledgment of risk and waiver of liability have been read thoroughly and understood completely. I have agreed to sign this voluntarily as to its content and intent.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Office Use

Reg: \_\_\_\_\_ Cash: \_\_\_\_\_

Tuition: \_\_\_\_\_ Check No: \_\_\_\_\_

Total: \_\_\_\_\_