



CELL# _____

REGISTRATION FORM**REGISTRATION INFORMATION FOR STUDENT (PLEASE PRINT)**

STUDENT'S FIRST NAME: _____ LAST NAME: _____
MALE/FEMALE: _____ STUDENT'S DATE OF BIRTH: _____
STUDENT'S SCHOOL: _____ TODAY'S DATE: _____

PARENT/GUARDIAN INFORMATION

(MR.): _____ (MS.): _____ (MR. & MRS.): _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ STATE & ZIP CODE: _____
HOME PHONE: _____
FATHERS FULL NAME: _____ WORK #: _____
MOTHER'S FULL NAME: _____ WORK #: _____
DOCTOR'S NAME: _____ PHONE: _____
EMERGENCY CONTACT'S NAME: _____ PHONE: _____
PLEASE LIST ANY HEALTH CONCERNS OR LIMITATIONS (ALLERGIES, INJURIES, ETC.), OR OTHER SPECIAL CIRCUMSTANCES THAT WE SHOULD BE AWARE OF FOR THIS STUDENT: _____

GYMNASTICS CLASS REGISTRATION

SESSION #1: _____ (AND/OR) SESSION #2: _____ OTHER: _____
CLASS LEVEL: _____
DAYS: _____ TIMES: _____
2ND CHOICE: _____

INSURANCE STATEMENT AND WAIVER OF CLAIM

I AFFIRM THAT THE ABOVE IDENTIFIED STUDENT IS COVERED BY MEDICAL INSURANCE. IN CONSIDERATION OF MY CHILD'S OR MY ACCEPTANCE IN ANY CLASS, I INTENDING TO BE LEGALLY BOUND, FOR MYSELF, MY CHILD, AND OUR SUCCESSORS AND ASSIGNS, HEREBY WAIVE AND RELEASE ANY AND ALL RIGHT AND/OR CLAIM FOR DAMAGES WHICH I, MY CHILD, AND OUR SUCCESSORS, AND ASSIGNS MAY HAVE AGAINST GYMNASTI TEACHING CENTER FOR GYMNASTICS, INC. AND IT'S OFFICERS, EMPLOYEES AND AGENTS, FOR ANY AND ALL LOSSES AND/OR INJURIES WHICH MAY BE SUSTAINED AND/OR SUFFERED BY ME OR MY CHILD IN CONNECTION WITH MY/OUR ASSOCIATION WITH OR ENROLLMENT IN GYMNASTI TEACHING CENTER FOR GYMNASTICS, INC.

PARENT/GUARDIAN NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

REGISTRATION FEE: _____ REGISTRATION MONTH: _____

SESSION 1 TUITION: _____ SESSION 2 TUITION: _____ MONTHLY _____

TOTAL NOW DUE: _____ PAYMENT/CHECK# OR VISA # _____