THE GYMNASTICS ZONE, Inc.
High School Cheer Tumbling 2009/2010

820 Anita Ave.
Antioch, IL 60002
(847) 838-4775

Student's Name_____ **Previous Experience**_____**Yrs**
(Last Name) (First Name)

Billing Address_____ **Date of Birth**_____**Age**____

City_____**State**____**Zip Code**_____ **Sex: Male**___ **Female**___

Father's Name_____ **Mother's Name**_____

Social Security # ___-___-___- ___-___- ___-___-___-___

Home Phone #_____**Cell Phone/ Pager #**_____

Work Phone #_____ **Parent's Email Address** _____

Emergency Contact's Phone #_____**Emergency Contact**_____

Health Restrictions_____

___**High School Cheer Tumble**	**1 hr.**	**$ 36.00**

Hold Harmless Agreement:

I hereby give my permission for my daughter/son(Name) _____ to participate in the program(s) at The Gymnastics Zone, Inc. I hereby accept all risks and responsibilities for the use of premise, area, and/or facility including the use of equipment. I further agree to indemnify and hold harmless the staff and owners of The Gymnastics Zone Inc. including the corporate officers, from all liability claims, demands, actions, and causes of action, that may arise out of the use thereof. I further give my permission for my daughter/son to be photographed and/or video taped during all classes, rehearsals, and performances. I understand that the gymnastics shows may be mandatory, if applicable.

I HAVE READ AND UNDERSTAND THE TERMS OF THE HOLD HARMLESS AGREEMENT:

Parent/ Guardian
Signature_____**Date**

Tuition Payment Agreement and Make-Up Class Agreement:

***Tuition Policy*: One month of tuition and a $35.00 annual registration fee (per child) is due at the time of registration. All tuition will be due at the first of each month. No refunds on monthly fees. You must notify us personally if your child will be dropping a class to avoid charges. There will be a $15.00 late charge for fees paid after the due date of the 15th of each month.**

***Make-up Class Policy*: Students are only allowed two make-up classes per student per year. Absolutely no refunds on missed classes. Make-up classes must be scheduled ahead of time, walk-ins will not be admitted into class. No re-scheduling missed make-up classes.**

I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT:

Parent / Guardian
Signature_____**Date**_____

(For office staff only) PS CLASS _____