

THE GYMNASTICS ZONE, Inc.
2009 – 2010 Registration Form

Date: _____

CLASS CODE _____

(For office staff only)

Student's Name _____
 (Last Name) (First Name)

Date of Birth _____

Billing Address _____

Sex (Please Circle) : Male Female

City _____ State _____ Zip Code _____

<u>Health Restrictions:</u>

Father & Mother's Names _____

Parent Social Security # _____ - _____ - _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Parent's Email Address _____

Emergency Contact's Name & Phone # _____

<input type="checkbox"/>	Cheer Kittens		1 hour	\$ 53.00		
<input type="checkbox"/>	Level 1 & 2		1 hour	\$ 60.00		
<input type="checkbox"/>	Level 3		1.5 hours	\$ 80.00		
<input type="checkbox"/>	Boys Tumbling		1 hour	\$ 55.00		
<input type="checkbox"/>	Tumblebears (4 yrs.)	<input type="checkbox"/>	Kinderbears (5 yrs.)	1 hour \$ 50.00		
<input type="checkbox"/>	Play & Learn (3 & under)	<input type="checkbox"/>	Teddybears (Invite Only)	45 min. \$ 50.00		
<input type="checkbox"/>	Beg. Tumbling	<input type="checkbox"/>	Int. Tumbling	<input type="checkbox"/>	Adv. Tumbling	1 hour \$ 55.00
<input type="checkbox"/>	Hot Tots (Invite Only)		1 hour	\$ 52.00		
<input type="checkbox"/>	Hot Shots (Invite Only)		1.5 hours	\$ 80.00		
<input type="checkbox"/>	Pre-Team		2 hours	\$ 85.00		
<input type="checkbox"/>	USAG Team		9 hours	\$ 250.00		
<input type="checkbox"/>			11.5 hours	\$ 275.00		

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 AGREEMENT:

Parent / Guardian Signature _____

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 fill out and return a class cancellation form prior to us dropping a student. If this form is not filled out, it is assumed your child will still be attending class, therefore making you responsible for any 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 _____