

# THE CARY SCHOOL OF GYMNASTICS

## REGISTRATION FORM FOR SEPTEMBER 2010– AUGUST 2011

**PLEASE PRINT**

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STUDENT'S NAME	AGE	BIRTH DATE	HOME PHONE
STREET ADDRESS		CITY	STATE ZIP SUBDIVISION
MOBILE PHONE		MOTHER'S NAME	MOTHER'S EMPLOYER MOTHER'S BUSINESS PHONE
FATHER'S NAME		FATHER'S EMPLOYER	FATHER'S BUSINESS PHONE
NAME OF SCHOOL (ACADEMIC)	GRADE	IS THE ABOVE NAMED STUDENT COVERED BY MEDICAL INSURANCE? (CIRCLE ONE) YES NO	
GYMNASTICS / CHEERLEADING HISTORY		IS STUDENT INTERESTED IN COMPETITIVE GYMNASTICS / CHEERLEADING? YES NO	
E-MAIL ADDRESS		HOW DID YOU HEAR ABOUT US?	
HAS THE ABOVE STUDENT EVER BEEN SERIOUSLY INJURED? IF YES, PLEASE DESCRIBE:		YES	NO
DOES THE ABOVE STUDENT HAVE ANY PHYSICAL OR MENTAL DISABILITIES?		YES	NO
STUDENT'S LAST PHYSICAL EXAMINATION – DATE		DOCTOR'S NAME	RESULTS
IN CASE OF AN EMERGENCY, PLEASE NOTIFY: (IF PARENT CANNOT BE REACHED)			
NAME	RELATIONSHIP	PHONE	

Day/Time

Amt. Pd.

Rect. #

E.M.

Reg.Pk.

P.C.

Ent.Cpt.

September

October

November

December

January

February

March

April

May

June

July

August

For and in consideration of \$\_\_\_\_\_ for the first month, and \$\_\_\_\_\_ per month for each successive month the Cary Gymnastics LLC. DBA as Cary School of Gymnastics agrees to provide \_\_\_\_\_ instruction per month for the above registered student. I, the undersigned, agree to pay said monthly instruction fee **on or before the first (1st) day of the month.** \_\_\_\_\_ In the event said amount is not received by the Cary School of Gymnastics on or before the first (1<sup>st</sup>) of the month; **I will also pay a twenty dollar (\$20.00) per month late charge.** In the event a check for payment for the above said instruction is returned, for any reason, I agree to pay a \$20.00 returned check fee. I agree that in the event of default I will pay reasonable collection charges and attorney fees.

I may terminate this agreement **upon written notice to the Cary School of Gymnastics on the reverse side of the original registration form**, provided said notice is received by the Cary School of Gymnastics **at least thirty (30) days prior to the beginning of the month in which termination is to be effective.** \_\_\_\_\_

By permitting my child to participate in the Cary Gymnastics LLC. DBA as Cary School of Gymnastics instructional program (or by my participation), I understand and acknowledge the fact that participation in gymnastics involves a certain degree of risk of injury to the participant. I agree to assume such risk, and hereby release the Cary School of Gymnastics, its owners, and employees, jointly and severally, from any and all personal injury claims arising through or from participation in activities as a student of the Cary School of Gymnastics in or upon the premises of the Cary School of Gymnastics. I also understand that I am expected to carry accident and/or medical insurance on the above registered student and that such insurance is not provided by the Cary School of Gymnastics.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING, AND ACKNOWLEDGE RECEIPT OF A COPY OF THE PAYMENT AGREEMENT, THE CLASS CALENDAR, AND A COPY OF THE RULES AND REGULATIONS OF THE CARY SCHOOL OF GYMNASTICS. I ALSO UNDERSTAND THERE ARE NO REFUNDS OR CREDITS FOR MISSED CLASSES. THIS PAYMENT AGREEMENT REQUIRES A 30-DAY WITHDRAWAL NOTICE! \_\_\_\_\_

Witnessed By \_\_\_\_\_

Parent's Signature/Student's Signature If over 18 \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_