



CLASS REGISTRATION FORM

Student's Information:

Last Name

First Name

Date of Birth

Street Address, City, State, Zip Code

Primary Phone

Referred By

Mother's Information:

Mother's Name

Phone

Cell

Email

Father's Information:

Father's Name

Phone

Cell

Email

Emergency Contact:

Emergency Contact's Name

Phone

Cell

Class Day:

Class Time:

Siblings:

Sibling's Name - Last, First

Date of Birth

Age

Class - Day/Time

Medical Information:

Doctor's Name

Doctor's Phone

Doctor's Address

Hospital Preference

Insurance Carrier

Group Number

Policy Number

Medical History:

Current Medication:

Allergies:

Previous Illnesses, Injuries, or Restrictions:

Please Initial and Sign Below:

| | |
|--|---|
| | I understand that participation in Gymnastics and related activities involves the risk of injury and I enroll the above named person at his/her own risk. |
| | I hereby state that the above named student has no physical or mental condition that prohibits full rigorous participation in gymnastics. I also understand that it is my responsibility to inform Gold Star Gymnastics of any mental or physical condition that Gold Star Gymnastics staff should be aware of in dealing with the student during normal activities and in case of medical emergencies. |
| | I understand that there is a \$15.00 late fee for tuition not paid by the 10 th of each month. Gold Star Gymnastics does NOT send out monthly statements. There is a \$25 fee for bounced checks. |
| | I realize that I may discontinue this enrollment at any time by notifying a Program Director in person or in writing. I will be responsible for payment for all classes reserved for the student up to 30 days from the date I notify a Program Director. I understand that no refunds are given once a session has started. There are no refunds for scheduled classes that are NOT attended, however, they can be made up within the semester. Tuition will not be pro-rated for missed classes. Make ups will be given for inclement weather. |
| | No Jewelry will be worn in classes, and Gold Star Gymnastics is not responsible for any personal belongings left or lost at the Gym. |
| | I understand that my yearly registration/insurance fee is non-refundable. |
| | I grant Gold Star Gymnastics, its representatives and employees, the right to take photographs of my child and my child's property in connection with the above identified subject. I authorize Gold Star Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Gold Star Gymnastics may use such photographs of my child with or without my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. |
| | Emergency Treatment Release: In the event that I (the parent/guardian) cannot be reached in case of an emergency affecting my child at Gold Star Gymnastics, I hereby give permission to the physician selected by the gym director to administer treatment to my child. |

In consideration of Gold Star Gymnastics' acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastics skills through the use of Gold Star Gymnastics Staff, equipment, and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such said student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss. Intending to be legally bound, our signature is offered hereto: By signing below, I acknowledge the above release and agree to abide by the Rules and Regulations. I have read, understand, and agree to all of the above.

Parent/Legal Guardian's Signature: _____ **Date:** _____