

# 2010-2011 ULTIMATE GYMNASTICS CENTER - REGISTRATION FORM



Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone \_\_\_\_\_

Additional Person(s) authorized to pick up/drive: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

## REQUIREMENTS FOR ENROLLMENT

1. Application must be completed and signed by a **PARENT** or Legal Guardian
2. **\$55 Registration Fee** must be paid in full
3. Any past fees must be paid IN FULL.

## Withdrawal Policy:

Upon placement, your child will be carried over automatically to the following month's roll. Should you choose to withdraw your child from our program, a **30 day written notice is required**. This allows us to keep our accounts accurate and to maintain the quality of our services and brings down overhead. If a notice is not received you will be responsible for payment of one month's class fees.

## RELEASE and WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

_____	
First Name	Last Name
D.O.B. _____	Age: _____
Describe any medical conditions we should be aware of: _____	
_____	

_____	
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D.O.B. _____	Age: _____
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