

2012-2013 ULTIMATE GYMNASTICS CENTER - REGISTRATION FORM



Last Name: _____ Home Phone: _____ Email: _____

Address: _____ City: _____ 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

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")

1st Family Member

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

List of Allergies (Reaction & Treatment):	

Fall Class Code: _____	
Summer Class/Camp: _____	

2nd Family Member

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

List of Allergies (Reaction & Treatment):	

Fall Class Code: _____	
Summer Class/Camp: _____	

3rd Family Member

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

List of Allergies (Reaction & Treatment):	

Fall Class Code: _____	
Summer Class/Camp: _____	