

# REGISTRATION 2007-2008

## How to register:

1. Fill out the Registration form on back. The **top** of the form has a place for desired class time. Please also list an **alternative** time if possible.
2. Send or stop in with payment.  
(NEW! Visa, MasterCard, and Debit)
3. For the first session in September you must pay in full to insure your spot. We will not put names on a list without payment.
4. Classes are subject to availability, **please register early.**
5. Call for an evaluation appointment if necessary.
6. We will call you if the class time is not available. Otherwise we will see you on the first day of class.

Make checks payable to:

**GYMNASTICS PLUS**  
1579 E. 91st. Dr.

## Payment Options (Please check one):

Check Enclosed     Visa     MasterCard

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_ Name as it appears on Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

If your card billing address is different from the address you have listed on the registration form, please provide the correct billing address:

Mailing Address: \_\_\_\_\_



Class Time Desired \_\_\_\_\_ Alternate class \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ E Mail \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father/Mother Employment Phone \_\_\_\_\_

Has student ever had:

Dislocated Shoulder/Elbow \_\_\_\_\_ Heart Problems \_\_\_\_\_

Epilepsy \_\_\_\_\_ Prev. Fracture \_\_\_\_\_

Diabetes/Hypoglycemia \_\_\_\_\_ Pres. Medication \_\_\_\_\_

Allergic Reactions \_\_\_\_\_ Last Physical \_\_\_\_/\_\_\_\_/\_\_\_\_

Please explain any yes answers: \_\_\_\_\_

Are there any problems (Medical, Learning, Social) of which we should be aware  
If yes please list on back or separate page. YES NO circle one

Release: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampoline, and exercise. I hereby consent to the above person participation in activities on equipment owned and/or used by GYMNASTICS PLUS INC. and hereby agree that I for myself, my children (adopted or otherwise), my heirs and executors waive and release any and all rights and claims for damages that I may have at any time against GYMNASTICS PLUS INC. or its agents and representatives for any injury or damages in connection with my association with or entry in gymnastics or other activities sponsored by GYMNASTICS PLUS INC.

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Registration fee is \$15.00 for individual or \$25.00 for a family

