

REGISTRATION 2009-2010

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 it's 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