

Superior School of Gymnastics—Registration Form

101 Front Street, Hancock, MI 49930 (906) 487-9660 2009-2010

Student's Name _____ Birth date ____/____/____ Age _____ School grade _____

School and time out of school _____

Classes/Day/Time/Level Tots _____ Beginner _____ Intermediate _____ Advanced/Team _____ Level _____

Person responsible for account _____ Home phone _____

Cell Phone _____ Work phone _____ E-mail _____

Address _____ Other parent's name _____

Emergency contact other than parent _____ Phone _____

Family physician _____ Phone _____

Payment method: Check _____ Cash _____ MTU plan _____ Installments _____

Authorization for Enrollment and Release from Liability

I authorize Superior School of Dance and Gymnastics to enroll the student named on this form in gymnastics classes, and I represent that the student is physically able to participate in gymnastics classes. The student's prior medical history, physical condition, weight make it possible for him/her to participate safely. The student's personal physician agrees that the student is able to participate. Given the nature of gymnastics classes and with the knowledge that sometimes injuries occur, I do hereby release the Superior School of Dance and Gymnastics from any liability from any accident or injury occurring on or around the gym premises or at any function held at other locations in conjunction with the gymnastics classes in which the above named student on this form is enrolled.

I accept the payment for the tuition for those classes, according to the schedule for the current year. I understand that there is no reduction in tuition for classes not attended. I understand that pro-rating a tuition for late enrollment must be approved and discussed with Nicole. Payments must be paid in full by the end of each session.

In the event of injury /emergency when I can not be contacted, I give Superior School of Dance & Gymnastics permission to obtain medical services for the student named above.

1. I have read and agree to abide by the Gymnastic Policy. _____
2. I hereby grant the Superior School of Gymnastics permission to use at anytime, a photograph or video of this student in connection with any gymnastic activities. _____

Signature of parent/guardian _____ Date _____

Office staff only: Method of payment/check number-

Amount-

Amount due-

Date-

Initials-