

2010 Summer Class Registration Form

(for office use only)

Membership Expiration Date: _____

Student's Name: _____ Sex: _____ Age: _____ Date Of Birth: _____

Address: _____ Home Phone #: (____) _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Contact #: (____) _____

Mother's Name: _____ Father's Name: _____

Does the above student have any medical conditions to which we should be alerted? (check one) YES NO

If YES, please explain: _____

Family E-Mail Address (Please Print): _____ None: _____

Please Select E-mail Interest(s):

All Info and Events Program Information Friday Night Sports School Closure Events
 Special Programs/Events Birthday Parties Member Discounts

Has the above student been enrolled at The Gymnastic Spectrum before? (check one) YES NO

If you answered NO above, please indicate below how you heard about The Gymnastic Spectrum.

Birthday Party Yellow Pages Website KidsEvents.com

Friend Referral....(Name of Friend Referring You): _____

Special Promotion: _____ Other: _____

Class Information: 1st Class Choice: Class Level _____ Day _____ Time _____
2nd Class Choice: Class Level _____ Day _____ Time _____
Week #(s) _____ Day(s) _____

Enclosed is the \$35.00 annual family membership fee (unless paid within the past 12 months): \$ 35.00

Class Tuition:..... \$ _____

Total:..... \$ _____

Payment Method: (check one) Cash Check ... (check #): _____

Charge .. (check one) VISA MASTERCARD DISCOVER

(account #) _____ (expiration date) _____ (3 Digit Sec. Code) _____

(for office use only) C.C. Approval Date: _____ C.C. Approval Ref. #: _____

****** A \$20.00 Service Charge Will Be Applied To All Returned Checks ******

Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the above person participating in programs offered by The Gymnastic Spectrum LLC. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, movement education, and other exercise activities. I also realize that my child will be performing and training on all gymnastic events plus various other gymnastic training devices including trampoline. I certify that the above person is in good health and is medically fit to participate. I hereby agree for myself and my child, to individually provide for any possible future medical expenses which may be incurred by my child or me as a result of any injury sustained while training at or performing for The Gymnastic Spectrum LLC. In consideration for allowing my child and/or myself to use its facilities, I for myself and my child, hereby forever release The Gymnastic Spectrum LLC, its members, agents, and employees from all liability for any and all damages and injuries suffered by my child or me. Furthermore, I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child or myself, should sickness or injury occur while at The Gymnastic Spectrum.

I understand that all tuition and membership fees are non-refundable after the first two weeks of membership. I understand that make-ups are limited to two per term and may not be refunded, credited, or carried over into future terms. I will also allow The Gymnastic Spectrum LLC to use photographs of my child or myself taken during class for promotional purposes without compensation to myself or my child. This acknowledgement of risk and waiver of liability, having been read and understood completely, is signed voluntarily as to its content and intent.

signature of parent or legal guardian

date