

# 2011 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/Date(s) \_\_\_\_\_

Enclosed is the \$40.00 annual family membership fee (unless paid within the past 12 months): \$ 40.00

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