

HILLS' GYMNASTICS REGISTRATION CARD

Gymnast's Name _____ Home Phone _____
 Gymnast's Age _____ Sex _____ Birth Date _____ Use other side for class selection
 Address _____ City/State/Zip _____
 New Customer: Yes / No If no, is this an address change: Yes / No Email: _____
 Parent's Name/Cell Phone _____
 Parent's Work Phone/Name _____
 Physical Limitations/Medical Concerns: Please list anything that our staff should be aware of in working with your child or that limits their participation in class.

CONSENT AND RELEASE AGREEMENT:

I give permission for my child to participate in gymnastics classes at Hill's. I understand that gymnastics is in itself inherently dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. I will support and abide by the gym rules and policies posted in the gym. The above named student has had a medical examination within the last twelve months and is physically, mentally and emotionally capable of participating in the sport of gymnastics. I understand that students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at Hill's. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize Hill's to administer first and/or authorize medical treatment. I will register carefully, because I understand there is a no refund policy. I know that there is a \$25 charge for returned checks. I will support and abide by the gym rules and policies posted in the gym.

 Parent or Guardian Signature Date

Gymnast's Name _____ Please use one card per child.

CLASS SELECTION

CLASS LEVEL	DAY	TIME	FEE	DUE
FALL _____				
WINTER _____				
SPRING _____				
SUMMER _____				

PAYMENT RECORD (FOR OFFICE USE ONLY)

Trial class fee paid (if applicable) \$ _____ Date _____ Check # _____
 AMT DUE AMT PAID CK DATE CK# BAL DUE/CREDIT PAID

FALL _____
WINTER _____
SPRING _____
SUMMER _____