

Registration Form 2010/2011

DC

GYMNASTICS

40 North Russell Road, Albany, NY 12206

Email Address: _____

Home Phone: _____ # of Children Enrolled: _____

Gymnast's Name: _____ Date of Birth: _____

Program Enrolled (Please Check Appropriate Box)

Preschool Instructional Class Tumbling Developmental Team Team

Day: _____ Time: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Any Health Restrictions or Medications: _____

I give my son/daughter permission to participate in the DC Gymnastics Program. I understand there are only two make-ups allowed per session, and they are not to be carried over into other sessions. There are no refunds Credit may be carried to next session for prolonged illness or injury at our discretion. I further acknowledge that gymnastics is a physical activity which involves inherent hazards. By signing this form, I acknowledge these risks and will not hold DC Gymnastics and the instructors liable in the event of an accident of any kind.

Signature: _____ Date: _____

OFFICE USE ONLY

Date: _____

Session Fee: _____

Insurance: _____

Discount: _____

Total Due: _____

Received: _____

Balance: _____

Check #: _____