

PRINT THIS REGISTRATION FORM AND MAIL IN WITH YOUR PAYMENT TO:

Academy of Gymnastics ~15 Glastonbury Avenue ~Rocky Hill, CT 06067

**OR download it, complete it, save it on your computer, and email it with credit card info to:
academyofgymnasticsrockyhill@gmail.com_**

Student's Name _____ Birthdate: _____ Phone: _____

Address: _____ Town: _____ Zip: _____

In case of EMERGENCY CONTACT: Name: _____ Phone: _____

Parent 1 Name: _____ Cell phone: _____

Place of Employment: _____ Work Phone: _____

Parent 2 Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____

Does the student have any medical problems? _____ If yes, list and describe: _____

Is there anything we should know about this student? _____

Preferred Class Day(s) and Time(s): _____

Receipt of this form with the registration fee will hold your child's spot in class. If there is a conflict, such as the class being full, questionable age grouping or level, you will be contacted. Classes traditionally fill up in the fall, so register early to assure the class selection you desire.

No shoes or sneakers allowed in the gym ~ No Jewelry ~ No gum

NO SMOKING on Academy grounds

Long hair must be tied back (preferably in a braid)

Young students should be prompted to use the lavatory before class

Enter parking lot on right side of building ~ NO drop off or pick up on the street

Watch for children in parking lot ~ Please enjoy the observation area.

For safety reasons, no observers are allowed on the gym floor.

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings, or falls on the back, neck, or head.

BY SUBMITTING THIS FORM I AGREE THAT I HAVE READ ALL OF THE ABOVE MATERIALS AND UNDERSTAND THE GYM RULES AND THE ASSUMPTION OF RISK.

A REGISTRATION FEE OF \$30 MUST ACCOMPANY THIS REGISTRATION FORM

(The registration fee will be waived if the entire year tuition is paid in full upon registration.)

*For summer classes only, note dates to be missed and amount to prorate here:

When paying by check, put the child's name on the check. (A \$10.00 fee will be charged for any returned checks)

Credit card payments: Name on Card _____ Card # _____

Expiration date _____ CVV _____ Billing zip code _____ Amount to charge \$ _____