



2012 CLASS REGISTRATION FORM



PERSONAL INFORMATION:

Please fill out the following information:

New Address/Phone Information

Student's Name _____ DOB _____ Age _____

Address _____ Male/Female _____

City _____ State _____ Zip _____ Home Phone _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

Email Address _____

PLEASE NOTE: WE CANNOT REGISTER YOUR CHILD FOR CLASS UNLESS PAYMENT ACCOMPANIES THIS REGISTRATION FORM.

EMERGENCY INFORMATION:

Emergency Contact Name _____ Phone _____ Relationship _____

Does your child have any allergies? _____

Any intolerance to drugs or medication? _____

Any previous injury/condition that might affect participation? (*fractures, autism, ADHD*) _____

AGREEMENT AND RELEASE:

I understand and accept the risks of injury inherent to participating in gymnastics. Furthermore, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling and trampoline. Being fully aware of these dangers, I hereby give consent for my child to participate in any and all Carroll Gymnastics, Inc. programs and activities. I accept all risks associated with such participation. In consideration for me or my child's participation I hereby, for myself and my child and our respective heirs and successors, promise not to sue and forever release their respective officers, directors, employees, landlords and volunteers from all liability resulting from damages or injuries incurred as a result of participation. In the event of an accident or emergency, every effort will be made to contact the parents or guardian. If necessary, I give my consent to Carroll Gymnastics Inc. to administer first aid and or authorize my child to be transported to a hospital for medical treatment and I hold Carroll Gymnastics Inc. and their representatives harmless in the execution of such. Additionally, I agree to be responsible for any medical bills incurred by myself for my child resulting from illness or injury sustained while participating at or for Carroll Gymnastics Inc. I have read and understand this assumption of risk, waiver of liability, medical authorization and I voluntarily affix my name in agreement.

Parent Signature _____ Date _____

____ *Initial* I agree to allow CGI to use photographs of my child (name excluded), if necessary for publicity purposes only.

CLASS FEES: (per session)

	8 wks	7 wks	6 wks	5 wks	4 wks	3 wks	2 wks	1 wk
1-1/2 hr X2	\$212	\$202	\$187	\$167	\$147	\$122	\$92	---
1-1/2 hr	\$171	\$156	\$141	\$126	\$111	\$91	\$66	---
1 hour	\$124	\$114	\$104	\$93	\$81	\$66	\$46	\$26
45 minutes	\$103	\$95	\$87	\$77	\$66	\$51	\$36	\$20

WEATHER POLICY: *In the event of inclement weather, the following schedule will go into effect and will be posted on the website:*

SCHOOLS CLOSED - No day classes
 SCHOOLS 1 HR LATE - 9:30 classes will be cancelled. Classes begin at 10:15am.
 SCHOOLS 2 HRS LATE - 9:30 & 10:15 classes will be cancelled. Classes begin at 11:00am.
 EVENING CLASSES - We will re-evaluate at 3:00pm. Call the answering machine after that time.

REFUND POLICY:

- Withdraw before session begins – full refund
- Withdraw during first week – 75% refund
- Withdraw past week 2 – no refund

MAKE UP POLICY:

Make up classes are available during the session in which you have registered. Please check with the office to inquire about the availability and to schedule a make-up class.

CLASS INFORMATION:

Winter: January 6 – March 1

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

Cash _____ Credit _____ Check # _____ AMT \$ _____
In class book _____ In computer _____ Staff Collecting Registration _____ Date _____

Spring 1: March 2 – April 21

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

Cash _____ Credit _____ Check # _____ AMT \$ _____
In class book _____ In computer _____ Staff Collecting Registration _____ Date _____

Spring 2: April 23 – June 18

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

Cash _____ Credit _____ Check # _____ AMT \$ _____
In class book _____ In computer _____ Staff Collecting Registration _____ Date _____

Summer: June 20 – August 8

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

Cash _____ Credit _____ Check # _____ AMT \$ _____
In class book _____ In computer _____ Staff Collecting Registration _____ Date _____

Fall 1: TBA

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

Cash _____ Credit _____ Check # _____ AMT \$ _____
In class book _____ In computer _____ Staff Collecting Registration _____ Date _____

Fall 2: TBA

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

Cash _____ Credit _____ Check # _____ AMT \$ _____
In class book _____ In computer _____ Staff Collecting Registration _____ Date _____