

Atlanta Gymnastics Center 2010 ~ 2011 Registration Form

Class: _____ Day: _____ Time: _____

Yearly Registration Fee (\$35.00): _____ Tuition (2 months): _____ Deposit (equal to 1 month): _____

If paying by and continuing to pay with a credit card, the one (1) month's deposit will be waived. Please note, however, Atlanta Gymnastics Center requires a one (1) month written notice of withdrawal. If notification is not received, the deposit will be forfeited and/or a charge will be made to the credit card on file

PARTICIPANT INFORMATION

Participant: _____ Age: _____ Date of Birth: _____ Male: ___ Female: ___
(Last) (First) (MI)

Address: _____ Home Telephone Number: _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____	Work Telephone: _____
Place of Employment: _____	Cellular Phone/Beeper: _____
	E mail: _____
Father's Name: _____	Work Telephone: _____
Place of Employment: _____	Cellular Phone/Beeper: _____
	E mail: _____
Emergency Contact: _____	Relationship: _____
	Telephone Number: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Telephone Number: _____
Address: _____ After Hours Telephone: _____

Insurance Carrier: _____ Policy Number: _____

Allergies: _____

List all previous injuries and/or physical limitation (s): _____

List all current medications: _____

AUTHORIZATION

Authorization to Transport: The following individuals have my authorization to transport my child from Atlanta Gymnastics Center. I understand and agree that these individuals are the only persons to whom my child will be released:

Name: _____ Relationship: _____ Telephone Number: _____
Name: _____ Relationship: _____ Telephone Number: _____

Video and Photography Release: I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. I hereby grant ___/do not grant ___ my permission for the resulting video and/or photograph to be used for any and all publicity and printing purposes.

Notice of Termination: I understand Atlanta Gymnastics Center requires a written one (1) month termination of participation notice be submitted to the Gym Director. I further understand that if notice is not received, I will forfeit the one month's deposit required at registration.

I understand that in any activity the potential exists for injury, minimal to catastrophic. Atlanta Gymnastics Center, it's employees, agents, officers and directors shall not be responsible for losses and damages associated with participation in any activity, exhibition, competition, or clinic or travel to or from any event in which the above named is involved. Furthermore, I hereby release Atlanta Gymnastics Center staff to render first aid in the event of any injury or illness, to seek medical assistance if deemed necessary and to transport to a medical facility or to call an ambulance.

I have read and agree to the policies and procedures as set forth in the Atlanta Gymnastics Center team and class handbook.

Parental Signature: _____ Date: _____

METHOD OF PAYMENT

Check Number: _____ Cash: _____ Credit Card: _____ Credit Card Number: _____ Date of Expiration: _____

If payment is made by credit card, the following statement is to be authorized by the card holder's signature: "I authorize Atlanta Gymnastics to charge my credit card the amount of \$ _____ and do agree to pay all charges in accordance with my credit card agreement."

Card Holder's Signature: _____ Date: _____

I agree future payments to be charged to my credit card: _____ Yes I decline future payments be charged to my credit card: _____ No

