

Please return with registration fee.

Class requested _____
1st choice _____
2nd Choice _____

North Shore Gymnastics, Inc.
Building 140-D
Triumph Ind. Park
Elkton, MD. 21921

Registration Form

Today's Date: _____

Student's Name: _____ Birth Date: _____
Male/Female: _____ Home Phone: _____
Address: _____ Mother's Work Phone: _____
City: _____ Father's Work Phone: _____
Mother's Name: _____ Cell Phone: _____
Father's Name: _____ Email: _____
Person to contact if parent is unavailable.
Name: _____ Phone: _____
Other family members enrolled at North Shore Gymnastics, Inc.: _____
Family Doctor: _____ Doctor's Phone: _____
Medical Insurance Provider: _____ Policy Number: _____
How did you learn about North Shore Gymnastics, Inc.?

- North Shore Gymnastics, Inc. Policies and Procedures please read and initial each line.
- _____ It is the parent/guardians responsibility to pick up their child immediately after class.
 - _____ A non-refundable \$30 yearly registration fee is required.
 - _____ North Shore Gymnastics, Inc. requires payments to be made on time, as per the agreement. A \$20 late fee will be charged for payments more than 10 days past due.
 - _____ No jewelry is to be worn during class.
 - _____ Long hair must be pulled back in a pony tail.
 - _____ Classes with four or less children after the first week will be closed. You will be notified and asked to select another class time or your prorated payment will be refunded.
 - _____ Our emphasis is always safety first, however gymnastics and cheerleading are potentially dangerous sports. Any activity involving motion, rotation, or height creates the possibility of serious injury.
 - _____ Because your child's safety is important to us, it is imperative that your child is on time for class. The first 15 minutes of class are warm-ups. If your child is 15 minutes late or more, they will not be allowed to participate in class that day. Absolutely no exceptions!
 - _____ Make-up classes will be offered on Open Gym Night. Free passes to Open Gym Night will be issued for missed classes. Only two free passes will be issued per session per student.
 - _____ North Shore Gymnastics, Inc. has a \$20 charge for each returned check.
 - _____ North Shore Gymnastics, Inc. offers a free trial class to see if your child is as excited about gymnastics as we hope they will be. Once you register and fill a spot in a class, no refunds will be given.
 - _____ Unenrollment from a class requires written notice 2 weeks prior to your last class. You are responsible for payment for the two weeks after notice is given. Any unused tuition will be reimbursed.

By initialing above and below, I understand and agree to these important policies of North Shore Gymnastics, Inc. Initials: _____
I certify that my child, _____, has had a physical exam in the past year and is in good physical health. Date of exam / / . I have been informed that North Shore Gymnastics, Inc. carries a liability insurance policy only. It is my responsibility to carry adequate health insurance and pay any additional medical fees not covered by my health insurance. Any activity involving Motion or height creates the possibility of serious injury and I fully understand that there are certain risks involved with such activities. The undersigned acknowledges that these risks are assumed and agrees to indemnify and save harmless North Shore Gymnastics, Inc. from any liability for damage or injury suffered by my child during these activities. I agree that North Shore Gymnastics, Inc. may approve transport in case of an emergency. Also, my child may have his/her picture taken during activities where appropriate.

Signature: _____ Date: _____