



## Registration and Release Form

**Please complete the front and back legibly and return to the front desk. This form must be completed prior to participation in any activity at Champion Gymnastics Academy.**

<b>Parent(s)/Adult Participants names:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Home Address</b>	<b>City &amp; Zip</b>	<b>Parent Social Security #/DOB:</b>
<b>Emergency Contact</b>	<b>Emergency Phone</b>	<b>How did you hear about champion?</b>
<b>E-mail</b>	<b>Employer:</b>	<b>Work Phone:</b>

### Participant(s) Names

(office use only)

First Name	Last Name	Sex M/F	Birthday	Class Day	Class Time	Class Type
			__/__/__			
			__/__/__			

**Tuition is based on 48 classes per year and is due on the 1<sup>st</sup> of each month. Payments made after the 15<sup>th</sup> of the month will incur a \$10.00 late charge. All returned checks have a \$25 service charge. If an account is more than 30 days delinquent Champion reserves the right to cancel your child's spot in the class.**

**I agree to follow and abide by the procedures of Champion Gymnastics concerning safety and facility regulations. I understand that no cash refunds are given. I agree to submit "A Fond Farewell" form to the front office thirty days prior to the final class attended. I understand I am responsible for any fees for a period of thirty days after my form is received by Champion Gymnastics.**

**Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_**

### Medical Information

<b>Physician's Name</b>	<b>Physician's Phone</b>	<b>Preferred Hospital</b>
<b>Insurance Carrier</b>	<b>Insurance Address</b>	<b>Insurance Phone</b>
<b>Policy Holder</b>	<b>Relation to Student</b>	<b>List Any Medical Problems or Limitations?</b>

<b>Start Date</b> __/__/__	<b>\$ _____ Registration Fee</b>	<b>\$ _____ 1<sup>st</sup> Mo. Tuition</b>	<b>\$ _____ Total</b>
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**OVER →**

