

World Class Gymnastics

343 Bell King Rd.

Newport News, VA 23606

757-881-9920 www.worldclassgym.com

REGISTRATION FORM *for the period of September 2018-August 2019*

Student's name _____ Age: _____ Birthdate: _____

Address _____ Zip _____

Home phone _____ Work Phone _____ Cell _____

Email address _____

Parent/Guardian's name _____

Emergency Name/Phone _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Consent and Release Form

By giving my child permission to participate in gymnastics at **World Class Gymnastics**, I acknowledge that any activity involving height and motion (such as gymnastics) involves the risk of injury, ranging from minor injuries (such as bruises and sprains) to serious and even catastrophic injuries, (such as permanent paralysis, or even death). I hereby release **World Class Gymnastics**, their officers, owners, employees, and agents from any and all claims for damages to persons or property, which might arise as a result of an accident occurring while my child is participating in the **World Class Gymnastics** program. I hereby state that I have read and understand the above release, and agree to comply with the requirements and regulations of the school.

Parent/Guardian signature _____ Date _____

Tuition Payment Guarantee

I hereby guarantee payment of all tuition costs for the student registered to **World Class Gymnastics** for the period of their enrollment in gymnastics instruction or competitive teams. Tuition payments are due by the student's first class of the each month. Payments made after the 10th of the month must include a \$15 late fee. If tuition is delinquent by 45 or more days, the student will not be permitted to participate in class or team practice. Any checks returned for nonpayment are subject to a minimum of a \$25 fee.

Parent/Guardian signature _____ Date _____

Office use: Registration paid \$ _____ Date paid _____

Form Revised 8/23/2018