

Gymnast Factory Registration Form

Student's Name _____ Date of Birth _____ Gender _____ Lvl _____

Student's Name _____ Date of Birth _____ Gender _____ Lvl _____
 2nd child

Student's Name _____ Date of Birth _____ Gender _____ Lvl _____
 3rd child

Home Address _____ Home Phone _____

City _____ Zip _____ Work _____

E-mail Address _____ Work _____

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Emergency Contact _____ Ph# _____

Doctor's Name _____ Ph # _____

How did you hear about us? _____

Payment Options

Payment Option- Total Paid in Full _____

2 Installment Payments 1st payment _____
 *not available for
 summer sessions 2nd payment _____
 Due Date _____

**Credit card or voided check
 must be provided if installment option is chosen**

• CC or Debit # _____

Expires _____ Visa / MasterCard / Discover - AMEX is not accepted

Amount: _____ Processed by: _____ Date: _____

• Check # _____ Cash Receipt # _____

Amount: _____ Processed by: _____ Date: _____

• EFT – Electronic Funds Transfer (ach)

I (we) hereby authorize The Gymnast Factory, to initiate debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account for gymnastics class tuition.

(attach voided check to this form) Amount: _____ Processed by: _____ Date: _____

Authorization and Release: By signing I/we understand and assume financial responsibility for tuition.

This authorization will remain in effect until the Gymnast Factory has received written notification from me (or either of us) of its termination in such time and manner to afford the Gymnast Factory and the financial institution a reasonable opportunity to act on it. It is understood unpaid tuition or unpaid team fees will be charged to my (our) stated account in the event I (we) cancel participation in the program at the Gymnast Factory.

I also authorize Gymnast Factory to consent to medical treatment for my child when I can not be reached for consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment be made under this authorization. Exceptions to authorization are as follows _____. I am fully aware that activity involving motion or height creates the possibility of serious injury and I further agree to hold Gymnast Factory, Inc., and its agents harmless for any injury resulting expense. I release and discharge any and all rights and claims against Gymnast Factory.

Payment must accompany registration form to reserve placement

We do not give credit for missed classes. We will give up to two open gym passes per semester for absences.
 Please be certain of your plans to do gymnastics because there are **no refunds or credits offered.**

Trial Date _____
 Day _____ Time _____ Class _____

Tuition _____

Trial Date _____
 Day _____ Time _____ Class _____

Tuition _____

Trial Date _____
 Day _____ Time _____ Class _____

Tuition _____

Front Desk Coach Computer

Signature _____

Print Parent/Guardian Name _____

Date _____