

North Star Gymnastics Inc. Student Information and Registration

To register for and guarantee a class space, please fill out this form in its entirety and return it with payment to our office. REGISTRATION CANNOT BE ACCEPTED IF SIGNATURES ARE NOT PROVIDED AND/OR ALTERATIONS HAVE BEEN MADE TO THE WORDING OF THIS DOCUMENT.

Student's Name	Age	Birthday	Home Phone	Emergency Phone
Address		City	Zip	E-Mail Address
Dad's Name:		Occupation?		
Mom's Name:		Occupation?		
Has the student ever been enrolled at North Star? _____				
How did you learn about North Star Gymnastics Inc.? _____				
Are there any medical conditions of which we should be alerted? _____				

Class Information

1st Choice.....Session:	Level:	Day:	Time:
2nd Choice.....Session:	Level:	Day:	Time:

*We will only contact you if your first choice is unavailable.

Payment Information

Tuition: _____
Multi-Child Discount: _____
(If 2 kids 10% off the lesser
of the 2 tuitions, 10%
off overall tuition for 3 or more) - _____

Total: _____

Form of Payment: Cash Check Visa/MC Card # _____ exp.: _____
Signature: _____

Acknowledgment of Risk and Waiver of Liability

As parent / legal guardian of _____, who is enrolled in the gymnastic program at North Star Gymnastics Inc., I understand that any activity involving height or motion, which includes gymnastics, involves danger that can result in personal injury. On behalf of our child, I accept that these dangers exist and are inherent in the sport and agree to defend, indemnify, and hold harmless North Star Gymnastics Inc., its employees, its owners, and agents from and against any liability arising from injury to our child while said child is a participant at North Star Gymnastics Inc.

Signature: _____ Date _____

Permission to Treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Signature: _____ Date _____