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 5% off total tuition,
10% off overall tuition for 3 or more) - _____

Annual Membership + _____ $40.00. You only pay 1 per family.

Total:_____

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

CVC Code: _____ Signature:_____

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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_____