



REGISTRATION FORM

Child's Name: _____ Age: _____ Date of Birth: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Address _____ City: _____ State: _____ Zip: _____

Email _____

Home Phone: _____ Cell Phone #: _____

Father's Name: _____ Work Phone #: _____

Mother's Name: _____ Work Phone #: _____

Emergency contact and phone number: _____

1st Child Class Level: _____ Day: _____ Time: _____

2nd Child Class Level: _____ Day: _____ Time: _____

Registration Fee: _____

1st Child Monthly Fee: _____ 2nd Child Monthly Fee: _____

Discount: _____ Total Monthly Fee: _____

Today's Total: _____ Check #: _____ Date: _____

Policies and Procedures

*Prestige operates on a fiscal year from September through August Classes are year round.

*Payments received after the **15th of each month** will be assessed a \$5.00 late charge.

**A \$20.00 charge will be added to your fee for returned checks.

*No refunds are given.

*You must notify the office by the **1st of the month** if you want to drop a class. If you do not notify the office, we will assume you child is still in that class and you will be responsible for the full payment the month(s) you fail to give notice!

*We reserve the right to cancel or combine classes due to extenuating circumstances.

*Our make-up policy is that one make up class will be given for each missed class. Absences should be phoned in to the front desk and make-up requests must be made in **advance**. You must be signed up for a make-up class to attend.

*Monthly payments are based on four classes per month. Please follow our monthly calendar given at the beginning of every month. When the gym is closed for any reason, make-ups should be scheduled at the front desk.

I understand that participation in gymnastics involves motion, rotation, and height in a unique environment and as such carries with it the risk of injury. I understand that I will be responsible for the primary expenses which may occur from my child's participation at Prestige Gymnastics. My policy is through: _____ and the policy # is: _____.

I have read all the policies listed above and agree to adhere to these policies.

Signature _____ **date** _____

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Prestige Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Prestige Gymnastics and or its representatives whether paid or volunteer.

Signature _____ **date** _____

Name Printed _____



REGISTRATION FORM
SUMMER CAMP PERMISSION SLIP

A signed permission slip is required for each Summer Camper who wishes to swim and to go on field trips as part of the summer camp activities.

Child Name: _____

Child Age: _____ Child Date of Birth: _____

Parent Name: _____

Parent Phone Number: _____

Emergency Contact: _____

Phone Number : _____

I, _____ (Parent Name), give permission for my child,
_____ (Child Name) to wade and to swim during summer camp with Prestige
Gymnastics.

I, _____ (Parent Name), **DO NOT** give permission for my child,
_____ (Child Name) to wade and to swim during summer camp
with Prestige Gymnastics.

_____ (Child Name) is

Permitted

Not Permitted

to go on field trips during summer camp with Prestige Gymnastics.

Signature _____ **date** _____

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Prestige Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Prestige Gymnastics and or its representatives whether paid or volunteer.

Signature _____ **date** _____

Name Printed _____