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## REGISTRATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother's Email \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

1<sup>st</sup> Child Class Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> Child Class Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

1<sup>st</sup> Child Monthly Fee: \_\_\_\_\_ 2<sup>nd</sup> 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 **15<sup>th</sup> 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 **1<sup>st</sup> 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.

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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 \_\_\_\_\_



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## REGISTRATION FORM

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 : \_\_\_\_\_

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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.

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\_\_\_\_\_ (Child Name) is

- Permitted  
 Not Permitted

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

signed \_\_\_\_\_ (Parent Name)