FOR OFFICE USE
RF: _____
AMT: _____
CK:# _____
DATE: _____
INITIALS _____

2012 - 2013 REGISTRATION FORM

CHILD'S NAME:
_____
MAILING ADDRESS:
_____
CITY: _____ STATE: _____ ZIP CODE:
_____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE:
_____
BIRTHDATE: ____/____/_____ AGE: _____ SEX: M / F PARENT'S NAMES:
_____
BILLING CONTACT: _____ MAILING ADDRESS IF DIFFERENT:
_____
CREDIT CARD#: _____ EXP. DATE: _____ CVV: (3digit code) _____
Only to be used if payment is not received by the third class of the month.
FOR MONTHLY UPDATES EMAIL: _____ HOW DID YOU HEAR ABOUT US?
_____
CLASS: 1ST CHOICE: DAY _____ TIME _____ **2ND CHOICE:** DAY _____ TIME _____
Please indicate a second choice. YOU WILL ONLY BE NOTIFIED IF YOUR FIRST CHOICE IS NOT AVAILABLE.

PLEASE NOTE: A **$10.00** late fee will be charged on payments not made on or before the second class of each month. Any checks returned from the bank will carry a $20.00 fee

MEDICAL COVERAGE AT DEARY'S:

Because of the extreme cost, cost that would have to be passed on to our clientele in the form of higher tuition for all, I accept the responsibility of providing coverage for the individual that I register at Deary's Gymnastics. I am enrolling _____ in the Deary's Gymnastics program and I understand that physical activity entails a certain amount of risk towards bodily injury. I hereby release Deary's and its employees of liability and suits of law in equity for injury resulting from the activities, this includes my heirs.

CC INFORMATION
SIGNATURE: _____ DATE:
_____
PLEASE LIST YOUR CHILD'S ALLERGIES AND SPECIAL NEEDS
_____