

Gymnastic Academy of Boston Summer 2010 Class Registration

Child's Name: _____ F _____ M _____
 Address: _____ City: _____ Zip: _____
 Birth Date: _____ Age: _____ Grade: _____ Telephone: _____
 Parent 1: _____ Work/Cell#: _____ email: _____
 Parent 2: _____ Work/Cell#: _____ email: _____
 Emergency contact and phone number: _____
 Medical Conditions _____
 How did you hear about us? _____

Tuition Agreement & Acknowledgment of Risk and Waiver of Liability:

- There is a \$20 non-refundable annual membership fee per child or \$30 per family, plus class fees.
- No refunds or credits will be given for missed, dropped classes or instructor re-placement. Make-ups need to be scheduled in advance in the office .
- A 15% sibling discount will be applied toward the lesser tuition.

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in G.A.B activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote G.A.B programs, and/or recognition of participants.

As the parents or legal guardian's of _____, we hereby give permission for our child to participate in programs at Gymnastic Academy of Boston, Inc. We recognize that gymnastics is a sport that involves height, rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against Gymnastic Academy of Boston, Inc and it's owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston, Inc. We hereby testify to our child's sound health of mind and body and we authorize Gymnastic Academy of Boston, Inc to seek medical treatment at the nearest medical facility in case of emergency.

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Signature of Parent or Legal Guardian: _____

Date: _____

June 22-August 26

CLASS TYPE	AGE	DAY	TIMES OFFERED	COST
Me & My Shadow 45 min.	18 months- 3.5 yrs.	Tuesday or Thursday	9:45 10:30 3:45	\$180.
Tumble Tots 45 min.	3-5 yrs.	Tuesday or Thursday	9:45 10:30 3:45	\$180.
Kindergarten 1 hr.	5-6yrs.	Tuesday or Thursday	10:30-11:30 3:45-4:45	\$205.
1 st -3 rd 1 hr.	6-8 yrs.	Tuesday or Thursday	10:30-11:30 3:45-4:45	\$205.
3 rd -5 th 1hr.	8-12 yrs.	Tuesday Thursday	3:45-4:45	\$205.