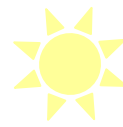




SUMMER 2011



Registration Form

149 Washington St, Plainville MA 02762

508-695-2600

WWW.GYMNASTICACADEMYOFBOSTON.COM

Student's Name: _____ F _____ M _____

Address: _____ City: _____ Zip: _____

Birthday: _____ - _____ - _____ Age: _____ Grade in School: _____

Telephone: Home:(_____) _____ Cell Phone:(_____) _____

Billing Address if different:: _____

Emergency Contact: _____ Emergency Phone: _____

Mother's Name/Occupation: _____ Work Phone:(_____) _____

Father's Name/Occupation: _____ Work Phone:(_____) _____

Are there any Medical Conditions to which we should be alerted? _____

Required Email:

(G.A.B. is Earth friendly facility and to limit the excessive waste of paper use we are using "E-mail Updates" to communicate with our customers.)

HOW DID YOU HEAR ABOUT US? Please, circle and fill in the one (or more) that apply.

Drive By - Open Gym - Birthday Party - Internet - Returning Member

A Friend - Name: _____ News Papers - Name: _____ Other: _____

Please include first and second choice for classes in the case first choice is full.

CLASS NAME

DAY

TIME

1st Choice _____

2nd Choice _____

Tuition agreement For Which We Agree To Be Financially Responsible:

- Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc. assume all of our students will continue throughout the year (Sept-June) unless written notice is given to the office 2 weeks prior to the start of the session. *Full payment will be expected if you do not cancel your enrollment.
- There is a \$15 non-refundable annual membership fee per child or \$20 per family, in addition to class fees.
- A 20% 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 GAB 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.
- Current E-mail address must be on file in the office to receive payment reminders and up-to-date information about our programs.
- I received a copy of G.A.B. Rules, policies & regulations. Initial here _____

Acknowledgment of Risk and Waiver of Liability

I the parent or legal guardian of _____ hereby expresses my desire and approval for my, and/or my child's participation in programs at Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc. We recognize that gymnastics is a sport that involves height, rotation of the body and inflatables, 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/Gymnastic Academy of Plainville, Inc and its 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 us or any of our children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc. We hereby testify to ours and our child's sound health of mind and body and we authorize Gymnastic Academy of Boston/Gymnastic Academy of Plainville, 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 the Legal Guardian: _____ Date: _____

FOR OFFICE USE ONLY

Class Fee: _____

Annual Registration/Insurance Fee: \$15.00 per child or \$20.00 per family, non-refundable; good until 08-31-11

Total Due: _____ Amount Paid: _____ Date: _____

Check#: _____ CC: _____ Start Date: _____ Week: _____ Quarter: _____