

American Gymnastics

Before/After – K

2011/2012

Registration Form

Student _____ M ___ F ___ Date of Birth _____

Address _____ Home Phone _____

City: _____ State: _____ Zip: _____ Grade: _____ Teacher: _____

Mother's name _____ Father's name _____ Emergency Contact _____

Mother's cell # _____ Father's office # _____ Phone # _____

***Other Authorized adult for pick-up** _____ Ph# _____

Address _____ City: _____ State _____ Zip _____

Please circle your choice of BEFORE or AFTER K for your school:

Monday	Tuesday	Wednesday	Thursday	Friday
	Bedford Village NS/Village Green/ St. Matthews	Increase Miller Before K / After K	Jennies School	L.E.S./ Katonah Before K / After K

The following paragraphs must be read and signed by the parent or legal guardian of all minor students:

I understand that I am registering my child for an 8 month program starting in October and ending in May. **The \$50.00 non-refundable registration fee due with this form will hold a spot for your child.** The tuition is **\$1,100.00 for AFTER K & BEFORE K** which includes transportation, gym instruction and enrichment time. The total amount is payable in full or in 2 or 4 equal installments. The first payment is due by the **First Day of Class in October** and remaining installments by Nov 1, Jan. 1, Feb. 1. There is No Refund after two months in class. **All children must be at least 4 yrs old to ride the bus and participate in the program.**

1. I, the undersigned, on behalf of myself and minor child(ren) participating in classes, lessons and/or programs of American Gymnastics (collectively "Programs") acknowledge and appreciate the risks of injury associated with participation in the Programs. We knowingly and willingly assume all such risks. Consequently, we for ourselves, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches and other members of American Gymnastics from personal injury or accident of any sort or nature suffered by us, by reason of participation or membership in the Programs.
2. I understand that a penalty & interest charge of 10% will be assessed against all payments which I owe and are not received by American Gymnastics within 10 days of their respective due dates and that a \$20.00 fee will be assessed against all returned checks.

Signature _____

Date _____