

American Gymnastics JumpStart Program 2011-2012 Registration Form

Student _____ Date of Birth _____ Grade _____

Address _____

City _____ State _____ Zip _____ Phone _____

Mother's Name _____ Father's Name _____

Mother's Cell # _____ Father's Cell # _____

Emergency Name _____ Phone # _____

Monday, Tuesday, Wednesday, Thursday, Friday (circle one)
4:15 to 5:15 PM

ALL COMPLETED AND PAID REGISTRATIONS ARE ACCEPTED FOR THE ABOVE
DESIGNATED CLASS UNLESS NOTIFIED OTHERWISE.

We take a maximum of 15 children in the program.
REGISTRATION is accepted on a first come first served basis.

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(ren) for a Jumpstart session. The fee will be determined by the # of weeks in the session. This includes - supervision, transportation, and gymnastic instruction! The total amount must be paid in one full payment, before the start of EACH session. I understand that there are **NO MAKE UP classes** for this program. I assume responsibility for meeting the appropriate payment schedule and understand that a late charge of 10% will be assessed against any payment not received by American Gymnastics. A \$20 service charge will be imposed for each returned check. **Please make checks payable to American Gymnastics.**

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 any of us, by reason of participation or membership in the Programs.

Signature _____ Date _____