

American Gymnastics 2010-2011 Registration Form

Student (1): _____ Birthday: _____ M/F

Student (2): _____ Birthday: _____ M/F

Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

Dad's Name _____ Mom's Name _____ Emergency Contact: _____

Dad's Office # _____ Mom's Office # _____ Cell #: _____

CLASSES DESIRED: **RETURNING GYMNAST**

Class(es): (1) _____ Day(s) _____ Time(s) _____

Class(es): (2) _____ Day(s) _____ Time(s) _____

American Gymnastics classes are divided into two sessions.

Session I runs from September thru January.

Session II runs from February thru June.

Each Session can be paid in full or in two payments as follows:

| <u>Class</u> | <u>2 payments of:</u> | <u>Total Cost Per Session</u> |
|---|-----------------------|-----------------------------------|
| Preschool Class (45 min. class) | \$210 | \$420 |
| Musical Mom & Me (1 1/2 hour class) | \$265 | \$530 |
| Introductory Gymnastics (1 hour class) Or I'm Five Gymnastics (1 hour class) | \$235 | \$470 |
| Intermediate Gymnastics (1 1/4 hour class) | \$260 | \$520 |
| Advanced Gymnastics (1 1/2 hour class) | \$275 | \$550 |

Two (2) make-ups are allowed if session is paid in full or payments are up to date. Please call ahead for availability. Make-ups must be completed by the end of each session. All payments are due by the 1st of the month. You may join at any time and Session fees will be prorated based on date of enrollment. **No refunds after 9 weeks in program.**

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.

I understand that I am registering my child(ren) for a Session of classes at American Gymnastics and acknowledge that I am responsible for the Session tuition. **I understand that a late charge of 10% will be assessed against all Session payments which 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.** Please make all checks payable to: American Gymnastics, 317 Railroad Avenue, Bedford Hills, New York 10507, (914) 241-1997.

Signature _____ Date _____

ANNUAL NON-REFUNDABLE REGISTRATION FEE OF \$35.00 (FAMILY \$60) IS DUE WITH THIS FORM.

Session I Payment Sept.: # _____ \$ _____ Nov.: # _____ \$ _____

Session II Payment Feb.: # _____ \$ _____ April: # _____ \$ _____