

Sparta Gymnastics Registration Form

OFFICE USE ONLY

Date _____ Class _____
Amount of Registration \$ _____ Monthly Fees \$ _____ Prorated \$ _____ Total \$ _____
Second Child Registration \$ _____ Monthly Fees \$ _____ Prorated \$ _____ Total \$ _____
Cash _____ CCard _____ Check # _____ Amount Paid \$ _____

PLEASE PRINT THE FOLLOWING INFORMATION

Child's Name _____ Birth Date _____ Age _____
Parents/Legal Guardians _____
Address _____
City _____
State/Zip Code _____ / _____ Home # _____
Cell # (mom) (_____) _____ - _____ Cell # (dad) (_____) _____ - _____
Work # (mom) (_____) _____ - _____ Work # (dad) (_____) _____ - _____
Emergency Name / # _____
E-mail _____
Medical Problems/ Allergies/ Meds _____

I HAVE READ the Sparta Gymnastics Rules and Policies and understand that I am obligated to make payments on the class fees unless I notify the office of my intention to terminate enrollment. I understand that there are no refunds of the class fees due to absence from class or tardiness, or in event that I decide not to continue the Sparta Gymnastics program. My signature below also confirms that I carry medical/health/accident insurance on the above named child (children) through:

(Name of Insurance Carrier required, Policy # - optional)

Signature _____ Date _____