

# 2010-2011 REGISTRATION FORM



Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Any information you provide will ensure your child receives the best experience possible at BSGA. Please list any medical conditions such as hearing problems, attention deficit, motor skill issues, prior injuries, etc. \_\_\_\_\_

How did you hear about us? \_\_\_ Website \_\_\_ Birthday Party \_\_\_ Friend \_\_\_ Phone Book \_\_\_ Other: \_\_\_\_\_

Enrollment: \_\_\_\_\_  
Class Name Day Time

### RELEASE FORM:

I hereby, for my child, heirs, executors, and administrators, waive and release any and all rights and claims that I may have against Bay State gymnastics Academy for any and all injuries that my child or myself may suffer in connection with this program or use of these facilities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO OPPORTUNITIES:

During the course of the year, there are many photo opportunities your child may be exposed to either at BSGA, during away meets, gym events, etc. Photos may be used for newspapers, our website, posted in the gym, etc. Please check your preference and sign below.

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT wish for my child to appear in any promotional photographs

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TUITION AGREEMENT:

I understand that all classes are a 2 month commitment and require payments in full per session. There will be no refunds issued after the 2<sup>nd</sup> week of the session. It is my responsibility to enroll my child for the new session during the Priority Enrollment Period to ensure placement in a class. Also, I am aware of the following:

- Non-refundable annual membership fee is \$40.00 per family
- 10% discount for additional classes as well as for siblings
- Tuition is pro-rated if enrolling after the first class meeting for new students
- There will be **no refunds or credits** for missed classes unless due to serious illness or injury with a Dr's note
- Make-ups must be scheduled in advance and are offered on a space availability basis only
- A \$20.00 bank fee will be charged for all returned checks
- Payment plans are available through an auto-pay program

**I have sufficiently read and understand all the above and agree to abide by the policies listed.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_