

SPARTA GYMNASTICS

Registration Form

OFFICE ONLY

Date _____ Class _____
Membership \$ _____ 1st month \$ _____ Prorated \$ _____ Last month _____ Total \$ _____
2nd Child Membership \$ _____ 1st month \$ _____ Prorated \$ _____ Last month _____
Cash _____ CCard _____ Check # _____ Amount Paid \$ _____

Child's Name _____ Birth Date _____ Age _____

Parents/Legal Guardians _____

Address _____ City _____

State/Zip Code _____ / _____ Home # _____

Cell # (mom) _____ Cell # (dad) _____

Wrk # (mom) _____ Wrk # (dad) _____

Emergency Name / # _____

Medical Problems _____

E-mail(s) _____

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 _____