*For Office Staff*

Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reg. fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Windsor Gymnastics Training Center**

**2022-2023 Registration Form**

**“Come Join the Fun”**

Windsor Gymnastics 242-4900

 Student’s Name(s) Birth Date Age

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Please Circle: Gymnastics Martial Arts

 **Class Day/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardians names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List medical/physical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Windsor Gymnastics Rules & Policies. PLEASE READ AND INITIAL EACH POINT.**

1. **I understand to keep my child in class, tuition is due the first class of each month, whether my child makes it to class or not. If I miss the 1st week, payment must be mailed in. If payment is not made by the 10th of the month a $10.00 late fee will be charged. Delinquent accounts are grounds for refusal of your child’s participation in class. Initial\_\_\_\_\_\_**
2. **A TWO-WEEK ADVANCE WRITTEN NOTICE MUST BE GIVEN IF YOU WISH TO WITHDRAW FROM CLASS. If no notice is given you will be responsible for all payments and late fees. Initial\_\_\_\_\_\_\_**
3. **Pro-rating only occurs upon registering after the 1st class of the month. All other months must be paid in full. Initial\_\_\_\_\_\_\_**

**Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages ad losses associated with participation in gymnastics activities and events. I further agree that Windsor Gymnastics along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in these activities. I/We also give permission to use any photographs of the participant for publicity or promotional purposes.**

**Primary Medical Insurance: I am covered by a primary health/medical/accident insurance with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of insurance company)**

 **Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**