GYMCAROLINA GYMNASTICS

9321 Leesville Road • Raleigh, NC 27613 • (919) 848-7988 • FAX (919) 848-7797
www.gymcarolina.com

Student Name :_____ Sex: _____ Birth Date: _____ Age: _____

How did you hear about us?_____

Parent/Responsible Party Name(s): _____

Address: _____
Street City State Zip

Phone: _____ / _____ / _____
Home Mother's Cell Father's Cell

Mother's Name: _____ Employer: _____ Work Phone: _____

Father's Name: _____ Employer: _____ Work Phone: _____

Emergency Contact: _____Home Phone: _____ Work Phone: _____

Special Medical Conditions: _____ Learning Disabilities: _____
Allergic to: _____ Preferred Emergency Facility: _____
Pediatrician: _____ Phone: _____

Class: _____ Day: _____ Time: _____

I AGREE TO BE RESPONSIBLIE FOR THE FEES AS LISTED BELOW:

Annual Registration Fee (Non-Refundable) $ _____ Date Paid _____
Tuition Every Eight Weeks $ _____

PAYMENT POLICY

- **TUITION IS TO BE PAID IN FULL ON OR BEFORE THE FIRST CLASS OF EACH SESSION.**
- **WE REGRET GYMCAROLINA CANNOT EXTEND CREDIT OR GIVE REFUNDS.**

RELEASE

I hereby acknowledge that I have been instructed by Gymcarolina that any activity involving height and motion may result in physical injury to my child, injuries which could result in paralysis. I have been assured that all precautions have been and will be reasonably undertaken by Gymcarolina to ensure my child's safety. In the event of an accident, I hereby waive and release Gymcarolina Gymnastics Academy from any and all claims of liability while my child is on the premises of the gymnastics facility, on a planned trip, or at a gymnastics meet. I understand that it is my/our responsibility to provide for medical insurance.

In lieu of a Doctor's certificate, I hereby state that my child is in sound physical and mental health, and has no specific medical or physical conditions except as stated above. In case of accident or sickness, I grant permission for a physician to administer necessary treatment to my child. I also authorize the adult staff members of Gymcarolina to act for me according to the best judgment in any emergency requiring medical attention.

I also hereby give Gymcarolina Gymnastics Academy permission to use a photograph of my child for advertising purposes.

Parent's Signature: _____ Date: _____

I understand I am registering my child for the entire year. I agree to give a 30-day notice prior to termination. The sessions are my payment schedule and I do not need to re-register my child at the beginning of each session.

Office Use Only:

Session 1		Session 2		Session 3		Session 4		Session 5		Session 6	
Date	Init	Date	Init	Date	Init	Date	Init	Date	Init	Date	Init
Fee	Pd	Fee	Pd	Fee	Pd	Fee	Pd	Fee	Pd	Fee	Pd