

Wings Gymnastics

CLASS REGISTRATION FORM

CLASS INFORMATION

Trial Date(s) _____ Registration Date _____ Start Date _____
 ___ PK-JK Gymn ___ SK-6th Gymn ___ ADV Gymn ___ Tumbling ___ Cheerleading Class Location _____
 ___ 2x/week ___ 1x/wk Day(s) & Time(s) _____
 Will you bring your child to class? _____ If NO, what Classroom/Aftercare? _____
 Are you a Returning Student? _____ How did you hear about us? _____

PARTICIPANT INFORMATION

Child's Name 1. _____ Birthday _____ Age/Grade _____
 2. _____ Birthday _____ Age/Grade _____
 3. _____ Birthday _____ Age/Grade _____
 Child(ren)'s Address _____ City _____ State _____ Zip _____
 Mother's Name _____ Day Phone # _____ Cell Phone # _____
 Father's Name _____ Day Phone # _____ Cell Phone # _____
 Emergency Contact _____ Relationship _____ Phone # _____

MEDICAL INFORMATION *All students must carry medical insurance to participate.*

Please list any allergies, medical conditions or special needs. _____

My child is, to the best of my knowledge, physically fit and able to participate in this sport. **Any known medical conditions or special circumstances are listed on this form (ex: asthma, allergies, recurring pain, etc...).** I understand that certain personal injury risks are inherent to the participation of sport, including gymnastics. The student and the below signed accept and assume all risk of injury associated with participation as of the below date. I indemnify and hold Wings Gymnastics, its employees and instructors harmless regarding liability for any injury that my child may incur during the course of his/her participation in gymnastics class activities. If I am not available, I authorize Wings Gymnastics and its employees to seek attention for my child and to execute orders to authorize any emergency medical treatment and transportation which may be required.

 Parent or Guardian Signature

 Date

ACCOUNT & PAYMENT INFORMATION *Monthly statements will be sent via e-mail, please be sure to print clearly.*

Responsible Party (Name): Mr./Ms./Mr & Mrs. _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Home Phone # _____

PAYMENT ENCLOSED? ___ Yes. ___ No. **It is already Submitted** ___ **Credit Card Authorization included** (due 1 week prior to first class)

Trial Fee \$ _____ **Registration Fee \$** _____ **Tuition \$** _____ **Total Due \$** _____
Payment Method: **Cash \$** _____ * **Check #** _____ **Amt \$** _____ * **Charge + \$3.00 Proc Fee\$** _____ *

Payment must accompany registration in order to participate. Please make checks payable to **Wings Gymnastics, and return to (1) Your Lead Gymnastics instructor, (2) your school's office, or (3) Wings Gymnastics, 4646 Poplar Ave Ste 533, Memphis, TN 38117 (office address only-not the gym!)*

I have received, understand and agree to the Wings Gymnastics Payment and Class Policies and Procedures. I understand that in the event my account is past due, I authorize Wings Gymnastics to charge my account or the credit card on file to collect payment for unpaid tuition and any other fees due charged by me and my student. I understand that a \$15 late fee may be charged after the 5th of each month, and any returned unpaid transactions will result in a \$25 processing fee, as listed in the payment policies provided to me by Wings Gymnastics.

 Parent or Guardian Signature

 Date

**Questions? Contact us at (901) 452-6588 or wingsgymnastics@comcast.net,
www.wingsgymnasticsmemphis.com,**