

AcroSport Registration Form

Last Name (Billing Name) _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Guardian Name _____ Cell Phone _____

Guardian Name _____ Cell Phone _____

Insurance Provider _____

Email _____ (Email address will be used for AcroSport only)

Emergency Contact Information (in an emergency we would always attempt to contact parents first)

Contact Person _____ Phone # _____ Relationship _____

<u>Student Information</u>			
Student #1	Name _____	Sex _____	Age _____ Birthdate _____
	Allergies _____	Medications _____	Disabilities _____
	Class #1 _____	Day _____	Time _____
	Class #2 _____	Day _____	Time _____
Student #2	Name _____	Sex _____	Age _____ Birthdate _____
	Allergies _____	Medications _____	Disabilities _____
	Class #1 _____	Day _____	Time _____
	Class #2 _____	Day _____	Time _____
Student #3	Name _____	Sex _____	Age _____ Birthdate _____
	Allergies _____	Medications _____	Disabilities _____
	Class #1 _____	Day _____	Time _____
	Class #2 _____	Day _____	Time _____

Please Read, Understand and Initial Each Statement.

EACH STUDENT MUST HAVE THEIR OWN INSURANCE IN EFFECT. Does your child have a current insurance policy? _____

PHOTOGRAPHY RELEASE - AcroSport periodically takes photographs for advertising and promotion use in print and electronic publications. By my initials below permission is granted to use my or my child's picture or image in any future publications, web site and marketing literature or promotional videos for AcroSport Gymnastics. _____

It is the policy of AcroSport Gymnastics not to refund tuition fees except in the case of relocation, class cancellation or injury/ illness (with Doctor's note) / Do not bring or send personal items or jewelry to AcroSport. We are not responsible for items lost or stolen. / Students must at all times abide by the safety standards of AcroSport. Any abridgement of these standards will be cause for dismissal. / Parent or Guardian is responsible for student up to entrance into the activity area with the Instructor and immediately upon release from the Instructor and exit from the activity area. / FEES MUST BE PAID IN ACCORDANCE WITH PRINTED FEE SCHEDULE. STUDENTS MAY NOT ATTEND CLASS UNLESS ALL FEES ARE CURRENT. _____

