

**2003-2004 IN-FLIGHT GYMNASTICS CENTER
REGISTRATION FORM**

Last Name: _____ Home Phone#: _____

1st Child: _____ M/F Age: _____ DOB: _____ Class/Day/Time

Address: _____ City: _____ Zip: _____

Mother: _____ Occupation: _____ Work#: _____

Father: _____ Occupation: _____ Work#: _____

2nd Child: _____ M/F Age: _____ DOB: _____ Class/Day/Time

3rd Child: _____ M/F Age: _____ DOB: _____ Class/Day/Time

In case of emergency, please call: _____ Phone: _____

Payment/Refund Policy: Fall session commences September 1st – Jan 31st. Annual Registration fee is \$25/child or \$40/family. Registration fee and 1/3 the class fee is due upon registration. The balance of payment is due as follows: 1/3 due October 1st & 1/3 due November 1st. Gym 4 / Hotshots & Cheerleaders sessions are 5 months long (September-January & February – June) payment is due by the 1st of the month. A **\$15 late charge** will be applied to payments received after the due date. **Please note** New students only will receive a refund if we are notified in **writing** within the **first 2 weeks** of class. Refunds will be prorated. There is no refund or credit for withdrawal from class. Registration is non-refundable. No refunds or credit will be issued after the 2nd week. Please understand that you are responsible for full payment once your child begins classes. You are signing up for the full session NOT for classes you attend. No refunds will be issued for classes missed. You will be charged a **\$20 bank fee** for returned checks. Students may make up 2 classes per session for absences due to illnesses. Classes must be made up in the session they are missed.

I _____, the undersigned parent of _____, hereby release In-Flight Gymnastics, LLC, Brian LeRoux, Amanda LeRoux, their respective employees, agents and representatives associated in any capacity with In-Flight Gymnastics, LLC from any liability due to injuries etc., that may incur as a result of my child's participation in training sessions or other events related to my child's gymnastics experience at In-Flight Gymnastics, LLC. I clearly understand that gymnastics is a sport, which may cause inherent risk of physical injury. I have had the opportunity to ask safety related questions and observe the facility, which I have found to be satisfactory. I am aware of my child's personal medical condition and hereby certify that he/she is mentally and physically fit to participate in gymnastics. I understand that I am responsible for full payment for classes once my child begins classes.

Signature of Parent/Guardian: _____ Date: _____

(Parent or Guardian if under 18)

MEDICAL INFORMATION

In order to provide a safe environment for your child, we ask that you read and observe the following health guidelines. In-Flight Gymnastics Center reserves the right to limit your child's participation in a class if the instructor feels that your child's illness is jeopardizing the health and safety of your child or other children in the gym. Please **DO NOT** bring your child to class if he/she had: a fever within the past 24 hours

- pink eye which has not been medicated for 24 hours
- strep throat which has not been medicated for 24 hours
- vomiting/diarrhea within the last 24 hours

Please inform us of any medical conditions (eg asthma/allergies) that In-Flight Gymnastics Center instructors should be aware of:

1st Child: _____

2nd Child: _____

3rd Child: _____

Describe Allergies: _____

I give In-Flight Gymnastics Center instructors permission to secure emergency medical treatment for my child _____ in my absence from June 1, 2003 to August 31, 2004. I will notify my child's instructor if my child is on any medication.

Medical Insurance: _____ Policy #: _____

Signature of Parent/Guardian: _____ Date: _____