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Next Dimension Gymnastics Registration Form

Please print this form, complete and return in person.

Gymnasts Name: _____
 Birthdate: Last _____ / / Age: _____ M / F First _____ Join Date: _____ / /
 Address: _____
 Street _____ Town _____ Zip _____
 Home Phone: _____ E-mail: _____
 Father's Name: _____ Work #: _____ Cell #: _____
 Mother's Name: _____ Work #: _____ Cell #: _____

How did you hear about us? _____

Registered Class

_____	_____	_____
Day	Class	Time
	\$	\$
Method of Payment	Class Fee	Total amount paid

100% Money Back Guarantee before 2nd class for any first time students who do not want to continue for any reason!

You are paying for a spot in the class for the entire session; therefore classes will not be refunded for days missed. Injuries or illness that cause a child to miss more than 3 consecutive weeks can be credited toward your account to be used in a later session if the request is accompanied by a doctors note. Returned bank check fee will be \$30. Annual \$35 membership/registration fee due upon registration.

Next Dimension Gymnastics reserves the right to terminate membership at any time.

Emergency Information

Emergency Contact: _____
 Name _____ Phone _____
 Doctor: _____
 Name _____ Phone _____
 Allergies: _____

I fully understand that my child has registered for gymnastics instruction at NEXT DIMENSION GYMNASTICS. Registration requires full payment for the class/classes which you enroll before my child will be able to participate. I understand that overdue balances and fees will prevent my child from participating in classes. I give permission to NEXT DIMENSION GYMNASTICS to use images of my child for marketing purposes and for program development. I recognize the fact that any activity involving height and motion, including gymnastics, creates the possibility of injury. I give permission for NEXT DIMENSION GYMNASTICS employees to temporarily render first aid in case of an emergency. I hereby and forever release NEXT DIMENSION GYMNASTICS, LLC, its owners, agents and employees from any claims on any injuries which may be sustained while participating at NEXT DIMENSION GYMNASTICS. I acknowledge these policies and accept these terms for my Gymnast.

Parent or Guardian Signature _____ **Date** _____