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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 #: \_\_\_\_\_

### Registered Class

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

**100% Money Back Guarantee before 2<sup>nd</sup> 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.

### 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 \_\_\_\_\_