

Class Day _____ Time _____ Level _____ Email _____

Motion Gymnastics, Inc. Enrollment Form 2009 -2010

Enrollee Last Name / First Name / Date of Birth / Home Phone #

Street Address / City / State / Zip Code

Person Responsible for Payment/Address if Different / Cell #

Emergency contact if different than above / Relationship / Telephone #

School and grade / How did you hear about us?

Enrollment 2009-2010

- \$35 Registration/Membership fee per child (**nonrefundable**)
- Max registration fee for a family (\$100)
- 9 month program (September 1, 2009 until May 28, 2010)
- Tuition due on the 24th prior to each month (example: Sept. tuition due Aug. 24th)
- Schedule make up classes through office
- **NO** prorating, credits, or refunds for missed classes
- **Withdrawal from class must be in writing**
- **Withdrawal from class terminates make ups**
- Proper attire must be worn for classes (shorts, t-shirts, leotard, no jewelry)

I agree to pay for **ALL CLASSES** reserved for me, whether utilized by enrollee or not. I hereby state that the above named enrollee has no physical, mental, or emotional conditions that prohibit full rigorous participation in gymnastics.

I am fully aware and understand the risks, including catastrophic injury, paralysis, and even death, as well as other dangers and losses associated with participation in a gymnastics program.

I understand the above conditions and risks and enroll the above named person at his/her/my own risk.

Parent/Guardian Signature if enrollee is under 18

/Date