

# Thames Valley Gymnastics 2017-2018 Registration Form

**Child's Last Name:** \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Ph \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Cell Ph \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Primary email: \_\_\_\_\_  
 Secondary email: \_\_\_\_\_

How did you hear:  Parent Bug  Lisbon Digiplex Theater  Friend/Referral  Facebook

<b>Child's Name:</b> _____ <input type="checkbox"/> male <input type="checkbox"/> female DOB _____ Class Level: _____ 1 <sup>st</sup> Class Day/Time: _____ 2 <sup>nd</sup> Class Day/Time: _____	<b>Child's Name:</b> _____ <input type="checkbox"/> male <input type="checkbox"/> female DOB _____ Class Level: _____ 1 <sup>st</sup> Class Day/Time: _____ 2 <sup>nd</sup> Class Day/Time: _____	<b>Child's Name:</b> _____ <input type="checkbox"/> male <input type="checkbox"/> female DOB _____ Class Level: _____ 1 <sup>st</sup> Class Day/Time: _____ 2 <sup>nd</sup> Class Day/Time: _____	<b>Registration Fee:</b> <input type="checkbox"/> \$35 individual <input type="checkbox"/> \$65 family <input type="checkbox"/> prorated \$ _____  <b>Monthly Tuition:</b> 1 <sup>st</sup> child: \$ _____ 2 <sup>nd</sup> child: \$ _____ 3 <sup>rd</sup> child: \$ _____  <b>Total Due: \$</b> _____
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Payment is due on the 1<sup>st</sup> of each month. All payments not paid by the 10<sup>th</sup> of the month will be automatically charged to the card on file.

Please deduct my child's tuition automatically each month  **Yes**  **No** Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Medical Information</b>          List any physical disabilities, chronic ailments, psychological disabilities, and allergies for each child:</p> <p>1<sup>st</sup> child: _____          _____</p> <p>2<sup>nd</sup> child: _____          _____</p> <p>3<sup>rd</sup> child: _____          _____</p> <p><b>Emergency Contact:</b></p> <p>Name: _____ Ph _____</p>	<p><b>Medical Release</b>          I am fully aware of and appreciate the risks, including risk of catastrophic injury, paralysis, and even death, as well as any other damages and losses, associated with my child's/my participation in gymnastics. I further agree that Thames Valley Academy of Gymnastics, its staff, agents, and officers shall not be held liable for any losses or damages occurring as a result of my child's/my participation in any and all classes, team workouts, and other related activities. As the parent/legal guardian of my child/children, I do hereby verify that I fully understand and accept those risks in permitting my child/myself to participate in gymnastics.</p> <p>Parent Signature: _____ Date: _____</p> <p>TVAG has my permission to use my child/children's pictures in advertising  <input type="checkbox"/> yes <input type="checkbox"/> no</p>
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