



# 2017-18 CLASS REGISTRATION FORM

5 S. Center Street, Westminster, MD 21157 · 410-374-8655

## PERSONAL INFORMATION

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ CIRCLE ONE: Male Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies? Intolerance to medication? \_\_\_\_\_

Previous injuries/condition that might affect participation? (*fractures, autism, ADHD*) \_\_\_\_\_

## AGREEMENT AND RELEASE

I understand and accept the risks of injury inherent to participating in gymnastics. Furthermore, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling and trampoline. Being fully aware of these dangers, I hereby give consent for my child to participate in any and all Carroll Gymnastics, Inc. programs and activities. I accept all risks associated with such participation. In consideration for me or my child's participation I hereby, for myself and my child and our respective heirs and successors, promise not to sue and forever release their respective officers, directors, employees, landlords and volunteers from all liability resulting from damages or injuries incurred as a result of participation. In the event of an accident or emergency, every effort will be made to contact the parents or guardian. If necessary, I give my consent to Carroll Gymnastics Inc. to administer first aid and or authorize my child to be transported to a hospital for medical treatment and I hold Carroll Gymnastics Inc. and their representatives harmless in the execution of such. Additionally, I agree to be responsible for any medical bills incurred by myself for my child resulting from illness or injury sustained while participating at or for Carroll Gymnastics Inc. I have read and understand this assumption of risk, waiver of liability, medical authorization and I voluntarily affix my name in agreement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ *Initial* I agree to allow CGI to use photographs of my child (name excluded), for publicity purposes only.

## CLASS REGISTRATION AND FEE SCHEDULE

CLASS LENGTH	8-WK SESSION	7-WK SESSION	REFUND POLICY	
			45 MIN	\$135.00
60 MIN	\$155.00	\$145.00	Withdraw during Week 1	75% refund
90 MIN	\$265.00	\$245.00	Withdraw during Week 2 or later	No refund
YOGA	\$8.00/class	\$8.00/class		

**\*\* Students may register any time during the session; fees are prorated.**

## MAKE UP POLICY

Make up classes are offered during the same session in which the student is registered. All make ups must be scheduled through the CGI office and are based on availability.

**Fall 1: August 21 – October 16, 2017**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_

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**Fall 2: October 17 – December 16, 2017**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_

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**Winter: January 2 – February 26, 2018**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_

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**Spring 1: February 27 – April 23, 2018**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_

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**Spring 2: April 24 – June 18, 2018**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_

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**Summer 1: June 19 – July 16, 2018**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_

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**Summer 2: July 17 – August 13, 2018**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_

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**Camps: August 13 – 17, 2018**

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

FOR OFFICE USE ONLY:

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMT \$ \_\_\_\_\_  
In class book \_\_\_\_\_ In computer \_\_\_\_\_ Staff Collecting Registration \_\_\_\_\_ Date \_\_\_\_\_