



2019-20 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 _____

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	\$145.00
60 MIN	\$165.00	\$145.00	Withdraw during Week 1	75% refund
90 MIN	\$270.00	\$240.00	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 26 – October 21, 2019

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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

Fall 2: October 22 – December 21, 2019

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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

Winter: January 6 – February 29, 2020

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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

Spring 1: March 2 – April 25, 2020

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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

Spring 2: April 27 – June 22, 2020

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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

Summer 1: June 23 – July 18, 2020

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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

Summer 2: July 21 – August 15, 2020

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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

Camps: August 17 – 21, 2020

Class Name _____ Day _____ Time _____

FOR OFFICE USE ONLY:

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