



Registration

(317) 872-4554

Students Name _____ Sex _____ Age _____ D.O.B. ____/____/____ Home Phone: () _____

Street _____ City _____ State _____ Zip _____ Emergency: () _____

Has this student ever been enrolled at Sharp's Gymnastics Academy before? NO _____ YES _____ Approx. date: ____/____/____

Mom's Name _____ Occupation _____ Phone _____

Dad's Name _____ Occupation _____ Phone _____

How did you learn about Sharp's Gymnastics Academy? (If word of mouth, from whom?) _____

Are there any medical conditions to which we should be alerted? _____

If your child were to appear in a group or individual photo taken on our premises are we free to use it for advertising purposes? Yes _____ No _____

CLASS INFORMATION

Class #1 1st Choice* Class _____ Day _____ Time _____
 2nd Choice Class _____ Day _____ Time _____

Class #2 1st Choice* Class _____ Day _____ Time _____
 2nd Choice Class _____ Day _____ Time _____

*We will see you the first day of class! We will call only if there is a problem supplying your first class choice.

PAYMENT INFORMATION

Term # _____ Date _____

Annual Family Administration fee..... \$ 30.00

Tuition (Full payment is required)..... \$ _____

TOTAL (Please arrange to pay by check if possible) Check _____ Credit Card _____ \$ _____ (Chk # _____)

Credit Card: (Visa _____ Master Card _____ Discover _____) Name on Card _____

Card Number _____ Exp. Date _____ Signature _____

TERM #	DATE	FEES	CHECK #	CLASS	DAY	TIME
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____

Please read the following carefully and sign below

Note: Parent and student should sign if the student is under 18 years

Athlete Membership Agreement and Information

Fill in the blanks and submit form, bearing original signatures (photocopies are not acceptable)

Agreement

In consideration of my membership in Sharp's Gymnastics Academy, and my participation in Sharp's Gymnastics Academy classes, events, competitions, and activities, I agree to be bound by each of the following:

- 1. Eligibility:** I agree to comply with the rules of Sharp's Gymnastics Academy

- 2. Readiness to Participate:** I will only participate in those Sharp's Gymnastics Academy classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.

- 3. Medical Attention:** I hereby give my consent to Sharp's Gymnastics Academy and / or the Sharp's Gymnastics Academy Staff to provide, through a medical staff of its choice, customary medical / athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

- 4. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that the Sharp's Gymnastics Academy, and the sponsors of any Sharp's Gymnastics Academy event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.

Information

Primary Medical Insurance: I am covered by a primary health / medical / accident insurance through: _____

I am a citizen of the United States of America: Yes No

For any athlete who is not yet 18 years old: As parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Sharp's Gymnastics Academy

Printed Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____ Date _____