All Around Gymnastic Academy

2018 - 2019 Registration Form

149 Washington St, Plainville MA 02762, **508-695-2600**
AAGAPlainville@comcast.net
www.allaroundgymnasticacademy.com

Student's Name:_______________________________________F_____________M___________
Address:_______________________________________City:____________________Zip:__________
Birthday:__________-__________-__________Age:____________ Grade in School:_________________________
Telephone: Home:(_______)______________________ Cell Phone:(________)____________________________
Billing Address if different::____
Emergency Contact:_______________________________________ Emergency Phone:______________________
Guardian's Name:____ Work Phone:(____)_______________
Guardian's Name:____ Work Phone:(____)_______________

*Are there any Medical Conditions to which we should be alerted?*____

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Required Email:____

(A.A.G.A. is Earth friendly facility and to limit the excessive waste of paper use we are using "E-mail Updates" to communicate with our customers.)

HOW DID YOU HEAR ABOUT US? *Please, circle and fill in the one (or more) that apply.*

Drive By - **Open Gym** - **Birthday Party** - **Internet** - **Returning Member**

A Friend - Name:__________________ **News Papers** - Name:___________________ **Other:**_________________

Please include first and second choice for classes in the case first choice is full.

CLASS NAME **DAY** **TIME**

1st Choice____

2nd Choice____

Tuition agreement For Which We Agree To Be Financially Responsible:

- All Around Gymnastic Academy Inc. assume all of our students will continue throughout the year (Sept-June) unless written notice is given to the office 2 weeks prior to the start of the session. Full payment will be expected if you do not cancel your enrollment.
- There is a $40 non-refundable annual membership fee per child or $50 per family, in addition to class fees.
- A 20% sibling discount will be applied toward the lesser tuition.
- I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in A.A.G.A. activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote A.A.G.A. programs, and/or recognition of participants.
- Current E-mail address must be on file in the office to receive payment reminders and up-to-date information about our programs.
- **I received a copy of A.A.G.A. Rules, policies & regulations. Initial here__________**

Acknowledgment of Risk and Waiver of Liability

I the parent or legal guardian of ______________________________hereby expresses my desire and approval for my, and/or my child's participation in programs at All Around Gymnastic Academy Inc. We recognize that gymnastics is a sport that involves height, rotation of the body and inflatables, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against All Around Gymnastic Academy Inc and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to us or any of our children while on the premises of or under the instruction, supervision, or control of All Around Gymnastic Academy Inc. We hereby testify to ours and our child's sound health of mind and body and we authorize All Around Gymnastic Academy Inc to seek medical treatment at the nearest medical facility in case of emergency.

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Signature of Parent the Legal Guardian:______________________________________**Date:**________________

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FOR OFFICE USE ONLY

Class Fee:______________ **Show Attire Fee:**__________
Registration/Insurance Fee: *$40.00* per child or *$50.00* per family, non-refundable; good until 09-02-2018
Total Due:____________________ **Amount Paid:**________________ **Date:**________________
Check#:____________ ***CC:***______________ ***Start Date:***____________________***Week:***__________________***Quarter:***_____________
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