**All Around Gymnastic Academy**

**2024-2025 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **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:\_\_\_\_\_\_\_\_\_\_**

**Annual Registration/Insurance Fee:** $40.00 per child or $50.00 per family, non-refundable; good until 08- 31-2025

**Total Due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Check#:\_\_\_\_\_\_\_\_\_\_\_\_ CC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Quarter:\_\_\_\_\_\_\_\_\_\_\_\_\_***