

Bloomington United Gymnastics School Registration Form

Fall Term 1 2010: August 23rd-October 9th

Priority registration begins July 26th for existing students only. Open registration begins August 2nd.

Registration Procedure:

Please thoroughly fill out the registration form below. Attach your tuition, including your annual registration fee of \$25 per individual (\$35 per family), to your registration form. THE ANNUAL REGISTRATION FEE IS DUE AT THIS TIME. Both the annual registration fee and the class tuition are required to guarantee your spot in your chosen class. B.U.G.S. accepts cash and check only. Kindly send your registration and payment to B.U.G.S. at the address listed below. Our classes fill up quickly, so register soon! Our enrollment is based on a first-come, first-serve policy. We reserve the right to cancel classes with enrollment less than four. Thanks!

Student's Name	Sex	Birthdate	School
Street	City	Zip	
1st Parent or Contact Full Name	Parent SSN or Birthdate	Home Phone	Work or Cell Phone
2nd Parent's Name or Emergency Contact	Parent SSN or Birthdate	Home Phone	Work or Cell Phone
Parent or Contact E-mail	Gymnast's Health Insurance Company Name		
Medical Problems or Allergies	Physician's Name		

AUTHORIZATION OF MEDICAL CARE— In case of illness/injury while with Bloomington United Gymnastics School, in case a parent cannot be reached, the staff of Bloomington United Gymnastics School may authorize medical care, treatment and/or ambulance transportation for above named participant.

CONSENT OF PARTICIPATION: Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. The Bloomington United Gymnastics School, its coaches and other staff members, will not accept responsibility for injuries sustained by a student during the course of gymnastics, tumbling, dance, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. This student has no problems that might compromise their safe involvement.

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 of gymnastics activities and events. I further agree that the Bloomington United Gymnastics School, and the sponsor of any Bloomington United Gymnastics School event, along with the employees, agents, officers, owners and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in gymnastics activities and events.

AGREEMENT TO PAY— I understand that there are no refunds or credits for missed or dropped classes once the session begins and that I am liable for the full tuition even if only partial payment has been made. I understand that registration and deposit to reserve space is non-refundable. I agree to pay any court costs or attorney's fees if a collections process is necessary. I further understand that there will be a charge of \$20 for any bounced check and that bounced checks will be turned into the prosecutor's office.

Parent, Legal Guardian or Adult Participant	Date	New Student	Returning Student
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Student's Name: _____
Class Day: _____
Class Name: _____
Class Time: _____
Class Tuition (See Schedule of Classes) \$ _____
Annual Registration Fee (DUE IN THE FALL FOR EVERY STUDENT)
 \$25 individual /\$35 family = \$ _____

Enclosed is my check made payable to B.U.G.S.
Check # _____ Total Amount of check \$ _____

Mail to:
Bloomington United
Gymnastics School
2111 S. Yost Ave
Bloomington, IN 47403
812-336-7469
www.bugsgym.com
unitedgym@hotmail.com