



Vasi's International Gymnastics, LLC 8 Pecks Lane, Newtown, CT 06470
203-270-VASI (8274) www.vasisgymnastics.com ~ info@vasisgymnastics.com

2011 – 2012 Registration Form

Athlete's Last Name _____ Home Phone # _____

Address _____ Town _____ Zip _____

1st Athlete's 1st Name _____ Female/Male DOB _____ Age _____ Class/Day/Time _____

2nd Athlete's 1st Name _____ Female/Male DOB _____ Age _____ Class/Day/Time _____

3rd Athlete's 1st Name _____ Female/Male DOB _____ Age _____ Class/Day/Time _____

Mother's Name _____ Work # _____ Cell# _____

Father's Name _____ Work # _____ Cell# _____

Email address: _____ for memo & billing use only!

Medical Conditions (physical, developmental or emotional) _____

Emergency Contact other than parent _____ Phone # _____

HOW DID YOU FIRST HEAR ABOUT US? Word of mouth _____ The Bee _____ News-Times _____ Web Search _____

Attended Birthday Party _____ Local Flyer _____ Other _____

POLICIES/TERMS:

Registration: At least 50% of your total session balance (plus registration fee when applicable) must be received before your child can start class. If payment is not received prior to the start of the session, we may not be able to reserve your space in class. Balance of account must be received within two classes after billing date or your child may NOT be allowed to attend classes until payment is received in full. Classes missed due to non-payment may not be made-up. **Refund/Credits:** *New students only* may receive a refund if we are notified within the first 2 weeks that they will not be continuing; **Only classes** not yet attended will be refunded. Any extended injury or illness MAY be credited to your account for use during another session depending on the situation and must be reported within two missed classes. Only classes after notification may be credited to your account. No refunds will be given for any reason. **Please note:** You're paying for your spot in the class, for the full session, **NOT** for the classes you attend. Upon registration, you agree to pay the balance of the full session. **Make-Ups:** 3 make-ups are allowed per session, **within** the session of missed classes. You must call to schedule a make-up class in advance. Make-ups will be scheduled at the convenience of the gym in classes where space permits. Days scheduled off for Holidays are not eligible for make-ups. **Returned Checks:** \$25 fee.

I acknowledge and understand the potential risk of injury and dangers inherent in the sport of gymnastics and other activities sponsored by Vasi's International Gymnastics, LLC, and I acknowledge the assumption of those risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions or inactions, the actions or inactions of employees, volunteers, owners, the actions or inactions of others participating in the event and the conditions in which the event takes place. For and in consideration of gymnast's registration with Vasi's International Gymnastics, LLC I as gymnast or as gymnast's parent and/or legal guardian hereby release forever discharge covenant not to sue and agree to indemnify and hold harmless Vasi's International Gymnastics, LLC, its owners and employees or volunteers, from any and all liabilities, claims, demands or causes of action that I may hereinafter have for injuries or damages arising out of participation in activities at Vasi's International Gymnastics, LLC or events which it may sponsor or be affiliated with or activities incidental thereto. This release includes but is not limited to injuries, damages or losses caused by the passive or active negligence of the released parties or hidden, latent or obvious defects with the equipment sold or used. Vasi's International Gymnastics, LLC may use my child's image and/or likeness for any marketing/advertising purposes or program development including but not limited to print ads, website advertising and audio/video advertising.

Parent/Guardian Signature

Date

Office Use Only: Reg Fee: _____

1st Child Class Fee: _____

2nd Child Class Fee: _____

2nd Child Class Fee: _____

Total Balance DUE: _____

Payment Made: _____

Method of payment _____