



Class Registration Form

Please complete ALL information and mail to:

Harford Gymnastics Training Center
701 Whitaker Mill Road
Joppa, MD 21085
410-879-3718

Applications are accepted on a first come-first serve basis.
 Registration can be mailed or dropped off at our center.

Payment must be made with registration.

There is a \$20 processing fee for any cancellation.
 No Refunds after week #2.

| | | | |
|-----------------|-----------------|---|--|
| Child's Name: | | | |
| Birth Date: | | | |
| Phone | Home: | | |
| | Work | | |
| | Alternate | | |
| Email: | | | |
| Address: | | | |
| City, State Zip | | | |
| Class | 1 st | Choice: | |
| | 2 nd | Choice: | |
| | 3 rd | Choice: | |
| | Session: | Fall / Winter / Spring <i>(please circle one)</i> | |

Include Session Fee & Membership Fee with Registration.

Checks are made payable to **Harford Gymnastics Club, Inc.**,
 701 Whitaker Mill Road, Joppa, MD 21085.

Waiver and Permission:

My child has permission to participate in the programs at The Harford Gymnastics Club, Inc. I verify that the participant is in good health with no limitations for gymnastics, cheerleading and trampoline activities. I understand that child must have personal accident and medical insurance before participating in The Harford Gymnastics Club, Inc. program. I hereby release Harford Gymnastics Club, Inc. and its instructors and agents from claims on any injuries, which may be sustained while participating in The Harford Gymnastics Club, Inc. Programs. I recognize and appreciate the risks involved in activity involving height or motion such as gymnastics, cheerleading and trampoline, which can create the possibility of serious injury. I give permission for my child's photo to be used on bulletin boards within the gym. My signature below indicates that I have read the above information and accept this release.

| | | | |
|---------------------|--|--|--|
| Parent's Signature: | | | |
|---------------------|--|--|--|

\$35 fee for any check returned by your bank

| OFFICE USE | | | |
|-------------|--|---------------|----------------|
| Payment | | Date | |
| Membership | | Date | |
| Program | | Day & Time | |
| Received By | | | |
| Count | | | Updated 9/2009 |