

# Bloomington United Gymnastics School Registration Form

Summer Term 6 2010: June 7th-August 8th

Priority registration begins March 29th for existing students only.

Open registration begins April 5th.

## Registration Procedure:

Please thoroughly fill out the registration form below. Attach your tuition, including your annual registration fee of \$5 per individual (\$10 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 or Emergency Contact Name	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 at this time for New Students)  
\$5 individual /\$10 family = \$ \_\_\_\_\_  
Payment in full is required before participation in class.

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