

\*\*\* Please remember to include Email and to sign the form. \*\*\*



## 2011 - 2012 Recreational Class Registration Form

13 Ray Avenue  
Burlington, MA 01803  
(781) 270-1100 ext  
www.brestyans.com

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ MF \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) \_\_\_\_\_ Home Tel # \_\_\_\_\_

Cell # \_\_\_\_\_ Emergency Ph # \_\_\_\_\_

Email \_\_\_\_\_

Primary Insurance Carrier Name \_\_\_\_\_

Are there any medical conditions to which we should be alerted? \_\_\_\_\_

*(continues on reverse)*

	Session 1	Session 2	Session 3	Session 4	Session 5	Summer
Class Name, Day & Time						
Payment Date						
Check #						
Amount Paid/Due						
Make-ups						

Notes or Comments: \_\_\_\_\_

### Enrollment Policies and Procedures - please read carefully:

#### Tuition Payments -

There is a \$30.00 registration fee, which must accompany all new registrations. This is due annually in September or upon entering the program at any other time later during the year.

Tuition is due in full prior to the start of the first class of the session for which you are enrolling. The office must approve any financial arrangements other than those indicated above.

There will be a \$10.00 late fee per week assessed to any payments received beyond ten (10) days after the start of the current session for which your child is attending.

There will be a \$35.00 service fee for all returned checks.

#### Refunds/Credits -

There will be no refunds/credits for withdrawal or missed classes unless due to serious illness or injury.

#### Make-ups -

Make-ups are limited to 2 per session and are offered on a space available basis. Make-ups must be scheduled through the office and need to be completed within the current session that the absence occurs.

#### Acknowledgement of Risk and Waiver of Liability

As parent/legal guardian of \_\_\_\_\_, I hereby give permission for my child to participate in programs at Brestyan's American Gymnastics. I recognize that gymnastics is a sport that involves height and rotation of the body; therefore, there are inherent risks involved. I agree to waive all claims of liability, loss, cost, damage, and personal injury, which may occur while under the instruction, supervision, or control of Brestyan's American Gymnastics. I hereby testify to my child's sound health of mind and body and I authorize Brestyan's American Gymnastics to seek medical treatment at the nearest medical facility in case of emergency.

I have read and understand all of the above and agree to abide by the policies as listed.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_