

Class Code



REGISTRATION

J & T CARTER, L.L.C. dba MAT TROTTERS GYMNASTICS



Today's Date

Student Information

Name: _____ (M or F) Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Email (please print clearly): _____

Mom's Name: _____ Occupation: _____

Work Phone: _____ Cell: _____

Dad's Name: _____ Occupation: _____

Work Phone: _____ Cell: _____

How did you hear about us? (If word of mouth, from whom?) _____

IN CASE OF EMERGENCY CONTACT: _____ Phone: _____

Photos may occasionally be taken of students. Is Mat Trotters free to use these photos for our website or display? Y or N

Payment Information

Annual Administration/Registration fee (non-refundable) - \$30
(unless paid within the last 12 months) \$ _____

Tuition—based on 4 weeks (Full payment is required unless it's being pro rated) \$ _____

TOTAL ENCLOSED (payment may be made by cash, check, or credit card) \$ _____

Release, To J&T Carter, L.L.C. dba Mat Trotters Gymnastics

I, intending to be legally bound, do hereby waive, release and forever discharge J&T CARTER, L.L.C. dba MAT TROTTERS GYMNASTICS, and/of any involved personnel or representative from any and all right of action and claims for damages or injury sustained by my child in practice, exhibition, competition, open workout, or clinic in tumbling, cheerleading and gymnastics events; and for travel to and from said events.

I understand the risks involved in training, participating and traveling; and I give my consent to have first aid administered and to provide the necessary medical treatment in case of accident or injury to my child.

I further agree to release J&T CARTER, L.L.C. dba MAT TROTTERS GYMNASTICS and any of its designated personnel or representatives from any liability and/or responsibility in the event of injury to said participant.

_____ I have received a copy of Mat Trotters Policies.

Signature of Parent/Guardian: _____ Date: _____