

Hartford Gymnastics  
610 Wacker Dr. Building 3 Unit A  
Hartford WI. 53027

\*\*\*\*Classes begin  
The week of July 9<sup>th</sup>

## **2018 SUMMER REGISTRATION**

(PLEASE FILL OUT COMPLETELY)

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Physical limitations we should be aware of? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

I grant permission for my child(ren) to participate in the program for which they are enrolled. In consideration of his/her engaging in this activity I agree to save harmless the said instructor, his/her associates and Hartford Gymnastics because of any claim arising in behalf of my said child from a possible injury or illness.

By signing this contract, you are making a commitment to pay for the **FULL** session.

Parents Signature: \_\_\_\_\_

Student Name/Class Day & Time: \_\_\_\_\_

Student Name/Class Day & Time: \_\_\_\_\_

Student Name/Class Day & Time: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Class Fee: \_\_\_\_\_ Total Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

**FEES ARE NON-REFUNDABLE**