

Hudson Gymnastics Registration Form 2011~2012

- Parent of a student must enroll by person or by mail.
- Classes are limited in size. You will be notified if a class is full.
- If the class time you desire is not available, you can request to be added to our waiting list.
- Annual individual registration of \$25.00 or Family registration of \$45.00 is due at time of registration and in order to hold your
- Space in class.(All fees are Non-refundable)

- Registration is on a first come- first serve basis.
- Multi Family member discount rates do apply.
- All programs are offered year around.
- Space is guaranteed in each session upon receipt of tuition on or before the first date of class.
- Unpaid tuition may result in your child losing their space in classes.

Student Name: 1 (last) _____ (first) _____ DOB _____ Boy / Girl

2 (last) _____ (first) _____ DOB _____ Boy / Girl

Address (street) _____ (city) _____ (state) _____ (zip) _____

Parent/Guardian: (last) _____ (first) _____ (relationship) _____

Address: (street) _____ (city) _____ (state) _____ (zip) _____

Home Telephone: _____ Work/cell _____ E-mail _____

Insurance Company Name _____ Policy # _____

Doctor _____ Telephone _____

Emergency Contact Name _____ Telephone _____

Name 1	Class name	Day	Time
	Class name	Day	Time
Name 2	Class name	Day	Time
	Class name	Day	Time

In consideration of Hudson Gymnastics accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury. I agree as my child's parent/guardian to assume all risk, cost or losses sustained by me, child or child's family in connection with participation in gymnastics classes, programs, lessons or meets. I give permission to Hudson Gymnastics and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Hudson Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue, squad) deems it necessary.

The child will be transported at my own expense. I understand that in some situation, the staff will need to contact the local emergency resources before the parent, child's physician, and/or adult action on the parent's behalf. **WARNING!** Catastrophic injury, paralysis or even death, can result from improper conduct of the activity. Further, I hereby release and agree to hold harmless and to indemnify the Hudson Gymnastics employees, owners or volunteers from any claims, losses or expenses incurred on behalf of me, my child or child's family.

Parent/Guardian Signature _____

Print Name _____

Date _____

Please make check payable to Hudson Gymnastics and return Registration form to:
Hudson Gymnastics 2760 Enloe St, Hudson WI 54016 715-381-8145

www.hudsongymnastics.com

