



Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone # \_\_\_\_\_ Work/Cell # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_

Are there any of the following that apply to your child? (Please check all that apply):

\_\_\_\_ Arm/shoulder injuries      \_\_\_\_ Heart problems      \_\_\_\_ Medical allergy      \_\_\_\_ Epilepsy  
\_\_\_\_ Orthopedic/back problems      \_\_\_\_ Learning disabilities      \_\_\_\_ Leg/foot/ankle injuries      \_\_\_\_ ADHD

If yes to any of the above, please describe: \_\_\_\_\_

**Please read and initial the following:**

- \*I understand that there is a \$20 NSF fee for returned checks \_\_\_\_\_
- \*I understand that there is a 2-week written notice required prior to leaving Hurricanes Gymnastics, INC and I am responsible for all tuition and any late fees up to and including 2 weeks from the date of the notice. \_\_\_\_\_
- \*I understand that tuition is due the 1<sup>st</sup> class of each month. After the 15<sup>th</sup> there is a \$15 late fee \_\_\_\_\_
- \*I understand that make-ups must be completed within 45 days of the missed class \_\_\_\_\_
- \*I understand that make-ups must be completed before a class is dropped or they cannot be made up \_\_\_\_\_
- \*I understand that there is a yearly non-refundable registration fee of \$45 per child due each September \_\_\_\_\_

My child has had a physical with in the last year and has no known disabilities that would prevent her from participating in this gymnastics/cheerleading program. I acknowledge that gymnastics and cheerleading are potentially dangerous sports. I approve minor first aid by the staff of Hurricane INC and request that the above named parent/guardian be called in the event of injury or illness. I authorize treatment at the nearest medical facility if deemed necessary by the staff of Hurricane Gymnastics INC.

I hereby for myself, my children, my heirs, and executors waive and release any and all rights and claims for damages that I may have at any time against Hurricane Gymnastics, INC, their agents, or representatives; for any injury or damages that may be suffered by me or my children, adopted or otherwise, in connection with my association or entry in gymnastics or tumbling, or other activities sponsored by Hurricane Gymnastics, INC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you hear about Hurricane Gymnastics, INC? \_\_\_\_\_

**For Office Use Only**

\_\_\_\_ Monday    \_\_\_\_ Tuesday    \_\_\_\_ Wednesday    \_\_\_\_ Thursday    \_\_\_\_ Friday    \_\_\_\_ Saturday

Class Time \_\_\_\_\_ Gymnastics \_\_\_\_\_ Tumbling \_\_\_\_\_

Tuition \$ \_\_\_\_\_ Family Total Tuition \$ \_\_\_\_\_ Trial Date \_\_\_\_\_

Prorated Amount \$ \_\_\_\_\_ Registration fees (if applicable) \$ \_\_\_\_\_ Return Date \_\_\_\_\_

Total Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_