

BRIGHT RAVEN GYMNASTICS

REGISTRATION FORM

2018-2019 SEASON

CHILD'S NAME _____ AGE _____ BIRTH DATE _____ Girl _____
Boy _____
ADDRESS _____ PHONE# _____
CITY _____ ZIP CODE _____
PARENT #1 NAME _____ PARENT #2 NAME _____
CELL/BUSINESS PHONE # _____ CELL/BUSINESS PHONE# _____
Circle Parent #1 or #2 E-mail _____

CLASS: _____ DAY(S): _____ TIME(S): _____
SECOND CHOICE: _____

Check one: New Student _____ or Last level attended at Bright Raven: Tots & Co _____ Mini Olympian _____ Girls/Boys Gym _____
Tumbling Class _____ Novice Olympians _____ Boys 2/3 _____ Girls Pre-Team _____ Blues _____ Ravens _____ Warriors _____

REGISTRATION FEE: \$ 25.00

CLASS TUITION: \$ _____

TOTAL ENCLOSED: \$ _____

DUE FROM EVERY STUDENT IN THE BRIGHT RAVEN GYMNASTICS PROGRAM ONCE EACH SEASON (Season - Sept. Through August).

PLEASE MAKE CHECKS PAYABLE TO:

BRIGHT RAVEN GYMNASTICS, INC.

P.O. BOX 24695, ROCHESTER, NEW YORK 14624

3 digit Sec. code

Fax: 247-0822 Circle: Visa or M C # _____ - _____ - _____ Exp. _____ - _____

Billing Address for Credit Card _____ Zip Code _____

REFUND POLICY: Registration fees are non-refundable. If paying for a session in installments, you are responsible for both installment payments regardless of student's actual attendance. Tuition refunds will not be given after a session begins except to Mini Olympians new to the program.

PERSON TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT):

Name _____ Phone _____

Is there any medical condition/allergies of which we should be aware? (Example: asthma, diabetes, hearing loss, etc.) _____

Are any medications being taken which could cause disorientation, loss of balance, perceptual difficulties?

(Please list) _____

Even over the counter products can have an effect. Please let us know if any are being taken, even temporarily. Thank you.

AUTHORIZATION FOR USE OF PHOTOS IN ADVERTISING PURPOSES: Enrolling your child in Bright Raven gymnastics, you are also giving us permission to use your child's photo, strictly and only for promotional purposes.

LIABILITY RELEASE: I, (we) am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I knowingly and willingly assume all such risks.

Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Bright Raven Gymnastics, Inc. from personal injury or accident of any sort or nature suffered by me, the undersigned, or my child by reason of participation or membership in classes, lessons or any activities of Bright Raven Gymnastics, Inc.

PARENT/GUARDIAN

SIGNATURE _____

Date _____

Please Do Not Write Below This Line

For Office Use Only

Gymnastics

Session I () in book

9/11 _____

Session II () in book

11/12 _____

Session III () in book

2/4 _____

Session IV () in book

4/8 _____

Raven Warriors

Session I () in book

10/22 _____

Session II () in book

12/10 _____

Session III () in book

2/4 _____

Session IV () in book

3/18 _____

Session V () in book

5/6 _____