

BRIGHT RAVEN GYMNASTICS

REGISTRATION FORM

SUMMER 2019

GYMNAST NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____ PHONE# _____

CITY _____ ZIP CODE _____

PARENT #1 NAME _____

PARENT #2 NAME _____

CELL PHONE # _____

CELL PHONE# _____

PARENT E-MAIL _____

PLEASE CIRCLE Camp	Week 1 July 8-12	Week 2 July 15-19	Week 3 July 22-26	Week 4 July 29-Aug 2	Week 5 Aug 5-9	Week 6 Aug 12-16	Week 7 Aug 19-23
Morning 9:00-12:00	Girls Gymnastics	Girls Gymnastics Boys Gymnastics	Girls Gymnastics Minis	Girls Gymnastics Ninja/Tumbling	Girls Gymnastics Minis	Girls Gymnastics Boys Gymnastics	Girls Gymnastics
Afternoon 12:30-3:30		Girls Gymnastics Ninja/Tumbling Minis		Girls Gymnastics Boys Gymnastics		Girls Gymnastics Ninja/Tumbling	

8 Week Session (7/10-9/1): CLASS _____ DAY(S) _____ TIME(S) _____

Check one: <input type="checkbox"/> New Student <input type="checkbox"/> or last level attended at Bright Raven:	<input type="checkbox"/> Tots & Co	<input type="checkbox"/> Mini Olympian
<input type="checkbox"/> Girls or Boys Gymnastics	<input type="checkbox"/> Tumbling Class	<input type="checkbox"/> Novice Olympians
	<input type="checkbox"/> Pre-Team	<input type="checkbox"/> USAGTeam

REGISTRATION FEE: \$ 10.00 (If you have paid a registration fee since Sept. 2018, this fee does not apply. This is paid once each academic season–Sept through August. This is a reduced fee for summer.)

CLASS TUITION: \$ _____ PLEASE MAKE CHECKS PAYABLE TO:
BRIGHT RAVEN GYMNASTICS, INC.

TOTAL ENCLOSED: \$ _____ P.O. BOX 24695, ROCHESTER, NEW YORK 14624

3-digit security 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.

Is there any medical condition 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.

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

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) despite all reasonable precautions implemented for safety, 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

8 week session

In book () _____

Wk 1
7/8 () _____
Wk 2
7/15 () _____ PM _____
Wk 3
7/22 () _____
Wk 4
7/29 () _____ PM _____

Wk 5
8/5 () _____
Wk 6
8/12 () _____ PM _____
Wk 7
8/19 () _____