



New England Academy of Gymnastics
894 Boston Post Rd. E. Marlborough, MA. 01752
Phone: (508)460-6324 . Fax: (508)460-6320
www.newenglandgymnastics.com

2018-19 Registration Form

Student Information: (Please Print)

Name: _____ DOB: _____ Age: _____ Gender: M/F

Allergies: Y/N If Yes, please list: _____

Recent Injuries: Y/N If Yes, please list: _____

Please list any special considerations we should take when working with your child: _____

Please check one of the following: ☐ Class ☐ Private Lesson/Clinic ☐ Team ☐ Trial

Parent Information: (Please Print)

Parent #1 _____ Parent #2 _____

Address: _____ Address: _____

City: _____ State: _____ Zip _____ City: _____ State: _____ Zip _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact: (Please Print)

Name: _____ Phone: _____

Registration Information: (Please Print)

1. Class Name: _____ Day: _____ Time: _____

Monthly Tuition:\$ _____

2. Class Name: _____ Day: _____ Time: _____

Monthly Tuition:\$ _____

***Non-Refundable Annual Registration Fee: \$30/Child or \$60/Family**

Payment Information:

Credit Card #: _____ Exp: _____ CID # _____

Name on Card: _____ Billing Zip: _____

Monthly tuition is charged on the 1st of the month for each month your child is enrolled. We require a card on file to secure your child's enrollment in their class. Should you wish to pay with a different card, cash or check, you may do so at the office before the first of the month. There will be a \$25 fee if a card on file is declined.

I/We the parents/guardians of (Participant's name) _____ give my/our approval for his/her participation in the programs at New England Academy of Gymnastics. *I/we assume all risks and hazards incidental to the conduct of all the programs. *I/we, the undersigned, being of legal age and acting guardian of the participant, releases and holds harmless New England Academy of Gymnastics or any and all representatives of New England Academy of Gymnastics from any and all responsibility of injury acquired by the participant, visiting children, and parent/guardian while on the premises. *I/we understand that our child should never be dropped off or picked up outside or left for any extended time without parent/guardian supervision. *I/we understand that New England Academy of Gymnastics reserves the right to dismiss any student whose conduct is detrimental to the overall good of the class program. *I/we understand that if an emergency arises which should require immediate medical attention, and we, as the parents/guardians cannot be contacted, the staff of New England Academy of Gymnastics are authorized to take whatever steps are necessary to protect the health of the participant.

Parent/Guardian Signature _____ Date _____