

Stumpf's Gymnastic Center, Inc.
2187 Wehrle Dr.
Williamsville, NY 14221
716-634-4401
www.stumpfsgym.com

SEPTEMBER - JUNE
REGISTRATION FORM

Please complete this registration form and submit the form with the \$40.00 registration fee and 1st month's tuition. This registration fee provides excess medical insurance for each student if needed and is non-refundable. Please return as early as possible to secure your desired class. Registration is on a first-come-first-served basis. We will not enroll any student without the completed registration form and fees.

Please indicate the class you desire to take:

Class/ Level _____ **Day** _____ **Time** _____

Name of Student _____ Male _____
Female _____

Address _____

City _____ Zip Code _____

Telephone Home> _____ Cell> _____ Other> _____

E-Mail _____

Birth Date _____ Age _____

Do you carry medical insurance? Yes _____ No _____

Medical Insurance Name _____

Does your child have any physical limitations? _____

Did you have a child enrolled last year? Yes _____ No _____

I and my child are aware that participating in gymnastics is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other persons, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's Signature _____ Date _____

Parents' Names _____ **Please Print**

If you pay tuition Sept. through June in one payment before Sept. 10th, you will receive a 10 % discount on tuition. If paying the 10 months by credit card, you will receive an 8 % discount. (If your child drops class part way through the season, you will be charged full tuition for the months attended & refunded the remainder)

For Office Use: Fee Paid: Cash _____ Check _____ CC _____ Date _____
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