

Stumpf's Gymnastic Center, Inc

2187 Wehrle Drive
Williamsville, NY 14221
(716) 634-4401
www.stumpfsgym.com

Summer Registration Form

New students – a \$10.00 registration fee is required to enroll in our program and is non-refundable. This registration fee provides excess medical insurance for each student if needed.

(Circle each session attending)



1st Class/Level _____ Day _____ Time _____ I II III IV
2nd Class/Level _____ Day _____ Time _____ I II III IV
3rd Class/Level _____ Day _____ Time _____ I II III IV
4th Class/Level _____ Day _____ Time _____ I II III IV
5th Class/Level _____ Day _____ Time _____ I II III IV

NAME OF STUDENT _____ MALE _____
FEMALE _____

ADDRESS _____

CITY _____ **ZIP** _____

TELEPHONE # Home> _____ Cell> _____ Other> _____

E-MAIL _____

BIRTHDATE _____ **AGE** _____

DO YOU CARRY MEDICAL INSURANCE ? YES _____ NO _____

MEDICAL INSURANCE NAME _____

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS? _____

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 SIGNATURE _____ **DATE** _____

Parent Name _____ (please print)

If you sign-up for all 4 sessions and pay for all 4 at once, you will receive a 10 % discount (8 % disc by credit card).
(If your child drops part way through the summer, you will be charged full tuition for the sessions attended and refunded the remainder.)

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Office Use:	FEE PAID:	CASH_____	CC_____	CHECK #_____	DATE_____
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