



# Class Registration

Please return completed registration with full payment to:  
736 Cooper Street, Missoula, MT 59802 Phone: 406.728.4258

Check one: \_\_\_ New Student \_\_\_ Returning Student \_\_\_ Current Student

1. Students Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_/\_\_/\_\_

2. Students Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_/\_\_/\_\_

3. Students Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_/\_\_/\_\_

### Legal Guardian's Information:

Mom/Guardian First & Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dad/Guardian First & Last Name \_\_\_\_\_

(Mom) Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

(Dad) Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address (to help us keep you informed about our programs) \_\_\_\_\_

Medical conditions or allergies, state reaction and treatment: \_\_\_\_\_

Emergency Contact: Phone# \_\_\_\_\_ First & Last Name: \_\_\_\_\_

Relationship to student(s): Friend, relative, etc. \_\_\_\_\_

How did you learn about Bitterroot Gymnastics? \_\_\_\_\_

### **Student One:** We will notify you if your 2<sup>nd</sup> choice is not available

1<sup>st</sup> choice.....Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> choice...Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

### **Student Two:**

1<sup>st</sup> choice.....Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> choice...Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

### **Student Three:**

1<sup>st</sup> choice.....Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> choice...Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

*PUNCTUALITY PLEA: for the safety of your child, as well as the quality of theirs and other children's class experience, please bring your child on time or early for class! Thank you!*

**COMPLETE OTHERSIDE** 

STUDENT LAST NAME: \_\_\_\_\_  
FIRST: \_\_\_\_\_

**ASSUMPTION OF RISK \* WAIVER OF LIABILITY \* PHOTO RELEASE \* MEDICAL AUTHORIZATION**

As a legal guardian of \_\_\_\_\_ and/or \_\_\_\_\_, hereafter referred to as child, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, and dance. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these danger, I hereby give consent for my child(ren) to participate in any and all Bitterroot Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation.

1) In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors. PROMISE NOT TO SUE and FOREVER RELEASE Bitterroot Gymnastics, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

2) I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Bitterroot Gymnastics publicity or advertising.

3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Bitterroot Gymnastics and it's representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Bitterroot Gymnastics.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **PHOTO RELEASE** and **MEDICAL AUTHORIZATION** and I VOLUNTARILY affix my name in agreement.

Parental/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print First and Last Name: \_\_\_\_\_

Annual Family Registration fee (unless paid within the last 12 months. \$35 Family Rate).....\$ \_\_\_\_\_

1<sup>st</sup> student's Full Tuition due (Payment fully refundable if your 1<sup>st</sup> choice is not available) .....\$ \_\_\_\_\_

2<sup>nd</sup> & 3<sup>rd</sup> student's full tuitions due, subtract 10% from this total only..... \$ \_\_\_\_\_  
(Calculation area) \_\_\_\_\_

Mail with check or Credit Card. Pay with Cash, Check or Credit Card at Front office **Total Enclosed** \$ \_\_\_\_\_

A \$15.00 fee will be charged for each check returned for insufficient funds.

Office Use only:	Starting Date: _____
	Week ___ of ___
	Pd \$ _____ Staff Init. ___

**Credit Card Information:**

MasterCard and/or Visa Credit Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_ Amount: \$ \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE CHECK AND SIGN ONE OPTION BELOW IF YOU WOULD LIKE TO PAY WITH A CREDIT CARD:**

\_\_\_\_ I understand and authorize Bitterroot Gymnastics to retain this credit card confidentially on file and automatically charge this credit card on each posted Priority Due Date (PDD). I understand if I pay with alternative methods before the posted PDD my credit card will not be charged for that session.

Signature: \_\_\_\_\_

\_\_\_\_ I want my credit card charged for this payment ONLY and I DO NOT want my credit card retained on file. I will pay for each session on or before the Priority Due Date (PDD). I understand that Bitterroot Gymnastics will not send a statement of balance owed and it is my responsibility to pay by the PDD. Payment not received on time may result in my child being dropped from class. I have received a copy of the Policies and procedures.

Signature: \_\_\_\_\_