

INTERSTATE

Gymnastics & Dance

New Student Registration Form

Child's Name _____ Age _____ Date of Birth _____

Address _____

City/Town _____ State _____ Zip _____

Home # _____ Email _____

Cell # (Mother) _____ (Father) _____

Emergency contact _____ Phone _____

Parent's names: Mother _____ Father _____

Please list any information you feel we should know regarding your child and his/her health, safety and welfare.

The tuition at Interstate is based on an annual fee that is broken into equal payments for your convenience (9/dance, 10/gym).

Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, a well as other damages and losses, associated with participation in a gymnastics event. I further agree that Interstate Gymnastics, Inc. along with the employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of my child's participation in this event.

Signature of Parent/Guardian _____ Date _____

Where did you get our contact info? Please circle:

Internet Yellow Pages Family/Friend Other _____