

NORTH FLORIDA GYMNASTICS

NFLGYMNASTICS.COM

Registration Form

4261 Eldridge Loop Orange Park, FL 32073

Phone: 904-278-8587

FAX: 904-278-8576

CLASS (OFFICE CODE) _____ HOW DID YOU HEAR ABOUT US? _____

STUDENT'S NAME _____ BIRTHDATE ____/____/____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

HOME # _____ CELL# _____ WORK# _____

EMAIL ADDRESS _____

FATHER'S NAME _____ MOTHER'S NAME _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

PRIMARY INSURANCE CARRIER _____

FOR IN THE CONSIDERATION OF \$ _____ PER MONTH, NORTH FLORIDA GYMNASTICS INC., AGREES TO MAKE _____ CLASSES AVAILABLE FOR THE ABOVE REGISTERED STUDENT. TUITION IS DUE ON THE 1ST OF THE MONTH. **IN THE EVENT SAID AMOUNT IS NOT RECEIVED BY NORTH FLORIDA GYMNASTICS ON OR BEFORE THE 5TH OF THE MONTH, I WILL ALSO PAY A LATE CHARGE OF \$10.00 FOR ANY RECREATIONAL CLASS AND/OR COMPETITIVE TEAM.** IN THE EVENT A CHECK IS RETURNED TO NORTH FLORIDA GYMNASTICS FOR ANY REASON, I AGREE TO PAY A \$30.00 RETURNED CHECK FEE.

THERE IS ALSO AN ANNUAL REGISTRATION FEE & TUITION FEES ARE SUBJECT TO CHANGE PERIODICALLY. REGISTRATION FEE AT THIS TIME IS _____

******Your first class will be a free trial and you are not obligated to commit to any fees at this time******

I MAY TERMINATE THIS AGREEMENT WITH A WRITTEN WITHDRAWAL FORM OBTAINED FROM THE FACILITY, PROVIDED SAID NOTICE IS RECEIVED BY NORTH FLORIDA GYMNASTICS AT LEAST FIFTEEN (15) DAYS PRIOR TO THE BEGINNING OF THE MONTH I INTEND TO WITHDRAW. VERBAL NOTICE WILL NOT BE ACCEPTED.

BY PERMITTING MY CHILD TO PARTICIPATE IN NORTH FLORIDA GYMNASTICS PROGRAMS, I THE UNDERSIGNED UNDERSTAND AND ACKNOWLEDGE THE FACT THAT THE PARTICIPATION IN GYMNASTICS & CHEERLEADING INVOLVES A CERTAIN DEGREE OF RISK, AND I HEREBY RELEASE NORTH FLORIDA GYMNASTICS, ITS OWNERS AND EMPLOYEES, JOINTLY AND SEPARATELY, FROM ANY AND ALL PERSONAL INJURY CLAIMS ARISING THROUGH OR FROM PARTICIPATION IN ACTIVITIES AS A STUDENT OF NORTH FLORIDA GYMNASTICS IN OR UPON THE PREMISES OF NORTH FLORIDA GYMNASTICS. I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING AND ACKNOWLEDGE RECEIPT OF A COPY OF THE PAYMENT AGREEMENT AND A COPY OF THE RULES AND REGULATIONS OF NORTH FLORIDA GYMNASTICS.

PARENT'S SIGNATURE _____

DATE _____ WITNESS _____