**Gymnastics Learning Center**

**574 Lake Street, Shrewsbury, MA 01545**

**(508)792-3535**

**Enrollment Card**

Last First Age D.O.B.

Students: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Girl\_\_\_\_\_\_\_Boy\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Girl\_\_\_\_\_\_\_Boy\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Girl\_\_\_\_\_\_Boy\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business/Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business/Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Other than parent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business/Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release and Indemnification

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herby permit my child or myself, herein indicated on this form, to participate in, including but not limited to , gymnastics, trampoline, field trips, and any other activities of the Gymnastics Learning Center, Inc., and to receive instruction or the assistance in such subjects from the Gymnastics Learning Center Inc., and its staff and associates. I understand that such participation and instruction requires the performance of physical exercise by my child which necessarily involves the risk of personal injury to my child. I hereby release, indemnify and hold harmless the Gymnastics Learning Center Inc., and any of its staff and associates from any responsibility or liability in any activity whatsoever for any injury of any kind to my child or myself arising out of or in the course of participation in any activity at the Gymnastics Learning Center, Inc., or elsewhere, or as a result of any instruction or activity received by my child or myself from any of the staff, associates, successors or assigns of the Gymnastics Learning Center, Inc. No one else may participate with my child in my absence without signing a GLC release.

I permit GLC staff members to administer or secure emergency medical attention for my child or myself. Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to photograph or video your child. Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Each student is allowed 4 make up classes per year, provided the child is out called from the class ahead of time. When withdrawing a student, office must be notified 2 weeks prior to payment due date. Until office is notified, you will be responsible for tuition payments.

I have read and understood the make up and withdrawal policy.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

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Signature of Parent Date