



Circle Class Type

Parent & Tot Pre School: 3, 4, 5 5 yr. Old Girls Rec.: 6-9 Boys Rec.: 6-9 Girls Rec.: 10 & up

LukeWarms Hot Shots G-Advanced Training Team Girls Int. Pre Team Team

Gymnast Name: Age: Date of Birth:

Parent's Name:

Email Address:

Billing Address: City: Zip:

Home Phone: Work Phone: Cell Phone:

Any Medical Conditions:

Class Day: Time: Tuition Rate: \$ Annual Reg :\$

Release

In giving my child permission to participate in WestSide Gymnastic program, I acknowledge that, while not common, any activity that involves height and motion (such as gymnastics) involves the risk of injury, ranging from minor (bruises and sprains) to more serious or catastrophic injuries. I hereby release WestSide Gymnastics, their officers, owners, employees, and agents from any and all claims and damages to person or property which might arise as a result of an accident occurring while my child/children participate in WestSide Gymnastics program including class participation, shows, demonstrations, and competitions, and transportation to such events. I hereby state that I have read and understood the above release, and agree to comply with the requirements and regulations of the program as stated in the rules and policy sheet.

Parent's Signature Date

PROCEDURE FOR CANCELING CLASSES AND PROMISE TO PAY

I AGREE TO PAY FOR ALL CLASSES MY CHILDREN ARE ENROLLED IN THROUGH THE END OF THE MONTH. WRITTEN NOTICE TO CANCEL MUST BE RECEIVED ONE WEEK BEFORE THE START OF THE NEXT CLASS. This will prevent you from being billed and let us know that we have an available space for another child. IF WRITTEN NOTIFICATION is not received you will be responsible to make payment since there was a place reserved for your child. Please send your written notification to: WestSide Gymnastics, 11 Vaughn's Gap Road, Nashville TN 37205. I AGREE TO AND PROMISE TO PAY FOR ALL FEES ASSOCIATED WITH MY CHILD'S/CHILDREN'S PARTICIPATION AT WESTSIDE GYMNASTICS. I further understand and agree that if I fail to make timely payments on my account, I will be responsible for any and all reasonable costs of collection, including filing fees, as well as reasonable attorney's fees.

I HAVE READ THE POLICIES STATED ABOVE CONCERNING THE GYMNASTICS PROGRAM AND AGREE TO ABIDE BY THEM.

Parent's Signature Date

For Office Use Only

Annual Registration: Amount Paid: Check #:

Tuition Rate: Amount Paid: Check #:

Tuition Start Date: BOOKED ACCESS APHELION