

# EURO★STARS

## *Gymnastics*

### Registration Form

1. Student Name: \_\_\_\_\_ M/F Age: \_\_ D/O/B: \_\_\_\_\_

2. Student Name: \_\_\_\_\_ M/F Age: \_\_ D/O/B: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ School/Grade: \_\_\_\_\_

### Family Information

Mother's Name: \_\_\_\_\_ Home/ Cell: \_\_\_\_\_ WK: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home/ Cell: \_\_\_\_\_ WK: \_\_\_\_\_

### This section MUST be completed before registration

#### *Emergency and Medical Information*

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate emergency contacts:

1: Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

2: Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Allergy Information: \_\_\_\_\_

Do any of the students have any Medical condition that we should be alerted or are they taking any medications at this time?  Yes  No If Yes Please explain

#### *Acknowledgment of Risk and Waiver of Liability*

I hereby declare that I shall not hold the Euro Stars Gymnastics nor any staff, instructors, or officials responsible for any accident/injury sustained by the above named during Recreation activities.

I further declare that in the event of an emergency, and I am unable to give my consent I give consent for the above named to obtain medical treatment at the nearest medical facility.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participate in the class program at Euro Stars Gymnastics.

This acknowledgment of risk and waiver of liability is sign voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

#### *Photograph/Video Release*

Euro Stars Gymnastics may take photographs and/or video off its students while participate in our program.

We have the permission to use this media in any manner at all for promotional and advertising use and for other trade purposes.

Please initial that you read and agree. \_\_\_\_\_

#### REGISTRATION FORM - FOR OFFICE ONLY

Class: \_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Check # /Cash CC (last 4): \_\_\_\_\_

DL \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PROGRAM ?

\_\_\_\_\_

\_\_\_\_\_

# WHERE EVERY CHILD IS A STAR

**OUR MISSION** is to **BUILD HEALTHY BODIES AND STRONG MINDS** in a safe, structured, educational environment where your children can learn gymnastics skills that will carry them through life.

## Tuition Due Date

1. The payments DUE DATE are always before the Start of the session. Each session has 4 weeks.

**Tuition will not be postponed**, regardless if you come or not to your regular class.

It will be a charge of late fee (10% from regular price) if tuition is not paid on time. **Initial Please** \_\_\_\_\_

Any student with unpaid tuition will be removed from the class roster to make room for other students on our waiting list.

The Euro Stars's charge for bounced checks is \$25 plus any applicable bank fees. **Initial Please** \_\_\_\_\_

**10% Family Discount. First child in family pays full amount.**

**All the other siblings will be discounted 10% from the lowest price.**

\*To better manage our operating expenses, we do not send out invoices telling you when tuition is due.

## 2. Refunds

**There are no credits or refunds for dropping the class mid-session.**

Requests for refunds must be received in writing 30 days prior to start the class/camp session.

If approved, refunds will be issued minus \$5 administrative fee. **Initial Please** \_\_\_\_\_

3. If a class has less than three students enrolled we reserve the right to canceled it . We will do our best to accommodate the students enrolled by trying to find other convenient class time.

## 4. Absence and Make-up Classes

Although best to attend a regular class, we offer one make-up class per term (4 weeks) during the session.

We can not guarantee the exact age and level but will do our best. Make-ups must be scheduled in advance through the instructor. **Initial Please** \_\_\_\_\_

## 5. Attire

Girls: Leotard or one piece Bathing suit. **NO** lose clothing, jewelry, tights or socks because this could cause them to slip on the equipment. Long hair should be tied back.

Boys: T-shirt and elastic waist shorts. **NO** socks.

## 6. Drop OFF and Pick Up

Alternative Pick up Name: 1. \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: 2. \_\_\_\_\_ Phone#: \_\_\_\_\_

For the security of your child drop off and pick up will be from inside the gym. **Initial Please** \_\_\_\_\_

**LOCATION: The Centre, Building 2**

**1550, 16th Street, Palm Harbor FL 34683**

[www.eurostarsgymnastics.net](http://www.eurostarsgymnastics.net)

**Euro Stars Gymnastics contact information**

**727 798 0861; 727 - 938 6858**

**e-mail eurogym05@yahoo.com**







