

STARS GYMNASTICS TRAINING CENTER

713-464-1996

Reg: _____
 Tuition: _____
 Fam. Disc: _____

CLASS _____

Date: _____

<i>Please Print</i>	
STUDENT'S NAME:	BIRTHDATE:
STUDENT'S NAME:	BIRTHDATE:
STUDENT'S NAME:	BIRTHDATE:
ADDRESS:	CITY: ZIP:
HOME PHONE #:	CELL#
MOTHER'S NAME:	TDL#:
OCCUPATION:	EMAIL:
PLACE OF WORK:	WORK PHONE:
FATHER'S NAME:	TDL#:
OCCUPATION:	CELL#:
PLACE OF WORK:	WORK PHONE:
EMERGENCY CONTACT	PHONE:
GUARANTEED FORM OF PAYMENT VISA MC DISCOVER CARD # EXP. SEC.CODE	PAYMENT PLAN AUTO CHARGE Y N YEARLY 6 MONTH QUARTERLY MONTHLY
Does your child have any behavior or medical problems that we should know of? Yes No	
If yes, please explain: _____	
Allergies, illnesses or other comments: _____	
What medication can be given? Aspirin Non-Aspirin None Other _____	
<p>Person Financially Responsible:</p> <p>1. I understand that tuition is due on or before the 1st class of the month. A \$2 discount may be taken if paid by the 1st class.</p> <p>2. I understand that registration and tuition are non-refundable.</p> <p>3. I understand that a \$10 late fee will be charged to my account if paid after the 1st week of the month.</p> <p>4. I understand that a "30 Day Drop Notice" is required to drop from a class. I also understand that the notice must be received on 1st of the month prior to the month dropping. I understand that I am responsible for tuition for the month the notice was not given. Notices received after the 1st of the month will be processed and take effect the following month.</p> <p>5. I understand that tuition will only be pro-rated the month of registration, if necessary. No other months will be pro-rated.</p> <p>6. I understand that I am responsible for all medical expenses for my child(ren) which may occur from their participation at Stars. I understand that participation in gymnastics activities involves motion, rotation, and height unique in a unique environment and as such carries with it risk of injury. I am voluntarily registering my child to participate in this activity with knowledge of the risks involved and agree to accept any and all inherent risks of property damage, personal injury or death.</p> <p>7. I understand that and authorize all unpaid tuition or other charges personally charged to my account will be charged to the credit card above on the 16th of each month. I understand these charges will include a \$10 Late Fee</p>	
Print Name _____	
Signature: _____ Date: _____	

