



CAPITOL CITY GYMNASTICS

Return w/payment to:
3518 Rohr Rd. Groveport, OH 43125
614-409-7655

CLASS REGISTRATION FORM

TODAYS DATE: _____

Student's Name _____ Birthdate: _____ Age: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State/Zip: _____

Second Address(if necessary): _____

Home Phone: _____ Mother's Work Phone: _____ Father's Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____ Relation to Family: _____

Emergency Phone: _____

Medical Information

Preferred Hospital: _____

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Current or Past Medical History: (Information your child's instructor should be aware of prior to class. For example, medications, disabilities, etc.) _____

Medical and Liability Release: *I hereby consent and grant authority to the staff at Capitol City Gymnastics to make any medical judgement concerning medical attention in the event of an emergency or accident during my absence. Understanding the possibility of an injury in any athletic or physical endeavors, I hold Capitol City Gymnastics and its staff harmless for any and all injuries arising out of taking part in any classes, workouts, exhibitions and competitions at Capitol City Gymnastics, in route or away. Additionally I authorize Capitol City Gymnastics to display portraits of my child on their website at www.capitolcitygymnastics.com. Pictures may also be used in media and/or advertising.*

Parent Signature: _____ Date Signed: _____

CLASS CHOICE*

Class: _____

Day: _____

Time: _____

**You will be notified only if your choice is not available*

Office Use Only

SESSION CHOICE (check one)

- Fall Session I
- Fall Session II
- Winter Session I
- Winter Session II
- Winter Session III
- Spring Session I
- Spring Session II
- Summer Session I
- Summer Session II (

Class Fee: \$ _____

Reg. Fee + \$ _____

Early Bird*: - \$ _____

Family**: - \$ _____

Total Due: \$ _____

Method of Payment

Check # _____

Cash

Notes

*Early Bird Discount applies if tuition is paid two full weeks in advance (-\$5)

**Family Discount applies if other family members are enrolled in classes during the same session (2nd child-10% ~ 3rd child 15%)

***In the event a student should drop out; fees will not be refunded.