

Gymnastics Express TOO
Summer 2018 AM Preschool Registration Form

Parent's Name		Email:	
Address		City:	State: Zip Code:
Phone Number:			
Emergency Contact:		Relationship:	Phone:

AM Preschool Classes
\$20/day or \$36/week
Tumbling Tykes-with parent
Jumping Juniors
Tuesday/Thursday 9:00-9:45 am

Name:				D.O.B			
T.T.	Tues	Thurs	Both	J.J.	Tues	Thurs	Both
Week 1 6/26 6/28				Week 1 6/26 6/28			
Week 2 7/3 7/5				Week 2 7/3 7/5			
Week 3 7/10 7/12				Week 3 7/10 7/12			
Week 4 7/17 7/19				Week 4 7/17 7/19			
Week 5 7/24 7/26				Week 5 7/24 7/26			
Week 6 7/31 8/2				Week 6 7/31 8/2			
Week 7 8/7 8/9				Week 7 8/7 8/9			
Week 8 8/14 8/16				Week 8 8/14 8/16			
Total:				<small>(add \$10 reg. fee for new students)</small>			

Name:				D.O.B			
T.T.	Tues	Thurs	Both	J.J.	Tues	Thurs	Both
Week 1 6/26 6/28				Week 1 6/26 6/28			
Week 2 7/3 7/5				Week 2 7/3 7/5			
Week 3 7/10 7/12				Week 3 7/10 7/12			
Week 4 7/17 7/19				Week 4 7/17 7/19			
Week 5 7/24 7/26				Week 5 7/24 7/26			
Week 6 7/31 8/2				Week 6 7/31 8/2			
Week 7 8/7 8/9				Week 7 8/7 8/9			
Week 8 8/14 8/16				Week 8 8/14 8/16			
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Week 8 8/14 8/16				Week 8 8/14 8/16			
Total:				<small>(add \$10 reg. fee for new students)</small>			

PLEASE READ AND SIGN BELOW.

I UNDERSTAND THE SPORT OF GYMNASTICS INVOLVES CERTAIN RISKS AND RECOGNIZE THOSE POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN ANY ACTIVITY INVOLVING HEIGHT OR MOTION. I VOLUNTARILY CONSENT TO THE ABOVE MENTIONED PERSON PARTICIPATING IN CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO PROGRAMS AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THESE FACILITIES, I HEREBY FOREVER RELEASE AND CONVEYANT NOT TO SUE CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND OTHERS ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD WHILE UNDER THE INSTRUCTION, SUPERVISION, OR CONTROL OF CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO.

AS LEGAL GUARDIAN OF THE ABOVE MENTIONED CHILD, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD AS A RESULT OF ANY INJURY SUSTAINED IN TRAINING OR PERFORMANCE FOR CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

PERIODICALLY, WE WILL BE TAKING PICTURES TO BE PUBLISHED ON OUR WEBSITE AND/OR PRINT MEDIA

➔ **NO, I DO NOT WANT ANY PICTURES TAKEN OF MY CHILD.** ➔ I have reviewed and understand the Refund and Make up policies

➔ Signature _____ Date _____ (Valid 9/1/2017-8/31/2018)

Summer Term
1 day a week for 4 weeks
Term 1: June 25-July 2
Term 2: July 23-August 17

Jumping Juniors (JJ)-\$75/term
Tue 5-5:45, Wed 5:30-6:15

Junior Express (JE)-\$85/term
Tues, Wed, Thurs 6-7pm

Girls/Boys Express(EX)-\$95/term
Tues, Wed, Thurs- 6-7:15pm

NOTE: Registration is for one class per week of the term you select. No Make ups.

Name:	
DOB:	
Class	
Day	
Time	
Total: (add \$10 reg. fee for new students)	

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DOB:	
Class	
Day	
Time	
Total: (add \$10 reg. fee for new students)	

Name:	
DOB:	
Class	
Day	
Time	
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➔ **Signature** _____ **Date** _____ **(Valid 9/1/2017-8/31/2018)**

PARENT OR LEGAL GUARDIAN'S SIGNATURE/ DATE