



2011-2012 APPLICATION

Waltham Westboro Sudbury Leominster Hingham Pembroke

108 Clematis Ave 74 Otis St 31 Union Ave 300 Hamilton St 4 Keith Way 300 Oak St
(781)893-2009 (508)870-0253 (978)443-2171 (978) 466-1272 (781)7408748 (781)826-1550

STUDENT INFORMATION

1. Gymnast's Name Sex M F Birthdate / /
Level Day: Time Goldstar /Session Price \$

2. Gymnast's Name Sex M F Birthdate / /
Level Day: Time Goldstar /Session Price \$

Annual Registration Fee: \$30/per child (max \$60 per family) Annual Registration Fee = \$

ADDRESS INFORMATION TOTAL DUE \$

Parent/Guardian Name Home Phone ( )

Address Cell Phone ( )

City: State ZIP E-mail

Choose 1 of the following Registration options:

13 Week Session Program Fall Winter Spring (open registration for winter & spring begin 30 days prior to sess. start)

I wish to enroll my child/children in the 13 Week Session Program. I understand that payment is due in full with registration. Registrations received before August 1 must be submitted with \$50 deposit along with the \$30 Annual Registration Fee. Balance for session is due on or before the 1st class.

GoldStar Membership Program ( 39 Classes)

Please enroll my child/children in the GoldStar Membership Program (\*only available until 10/01/11) I understand that this membership agreement extends from September 2011 through June 2012. The above student(s) is/are obligated to attend weekly classes from this date and parent/guardian will pay a total of \$. Registrations received before August 1st require a \$50.00 deposit along with the \$30.00 Annual Registration Fee. Remaining balance shall be paid in ten payments due the 1st of each month beginning Sept. 1. A credit card must be on file for this program.

Choose your Payment Option

I wish to pay the entire Gold Star amount in full
I wish to have my monthly tuition automatically deducted from my credit card on the 1st of each month.

Name on Card

Card # Exp Date

Signature

I wish to pay by check each month and understand that if payment is not received by the 7th of each month, my credit card will be charged. A late payment charge of \$5.00 will apply for all accounts with a balance due on the 8th of each month.

\*\*\*I understand that should my child/children at any time decide not to continue for any reason, I am still obligated to continue monthly tuition payments until June.

Consent, Release, and Indemnity:

I, , parent/guardian of , and , give permission for said son's/daughter's participation in the class program at Massachusetts Gymnastics Center, LLC. I understand that gymnastics is a sport that involves height and rotation of the body, therefore, there are inherent risks involved. I attest to my son's/daughter's sound health of mind and body and I authorize Massachusetts Gymnastics Center to seek medical treatment at the nearest medical facility in case of emergency. I hereby release, discharge, covenant not to sue, and agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, directors, and employees ("Releasees") and save and hold harmless each of the Releasees from all liability, claims, demands, losses, expenses, or damages on the minors account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim. Furthermore, I have read and understand the rules and policies as stated on the reverse side of the 2011-2012 Class Schedule.

Parent/Guardian Signature Date