



2016-2017 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)740-8748 (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 \$ _____
 3. 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 a deposit of \$70 (to be applied to your tuition) along with the \$30 Registration Fee. Balance for session is due on or before the 1st class.**

GoldStar Membership Program (39 Classes) Only available until November 1st

Please enroll my child/children in the **GoldStar 39 Week Membership Program**
 I understand that this membership agreement extends from September 7th 2016 through June 19th 2017. The above student(s) is/are obligated to attend weekly classes from this date and parent/guardian will pay a total of \$_____. **A deposit of \$70 (will be applied to your September charge) along with the \$30 Registration Fee is required with registration. Remaining balance shall be paid in monthly payments due the 1st of each month beginning Sept. 1. A credit card must be on file for this program. If payment is not made by 10th of the month, your card will be automatically charged for that month.**

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 cash/ check each month and understand that if payment is not received by the 10th of each month, my credit card will be charged. A late payment charge of \$10.00 will apply for all accounts with a past due balance on the 11th of each month.

*****I understand that should my child/children at any time decide not to continue for any reason, I am obligated to give a 30-day written notice.**

Medical Conditions:

Please list any medical conditions or allergies we should be aware of: _____

Permission to participate and Indemnity:

I, _____, parent/legal guardian of _____, and _____, give permission for said son's/daughter's participation at Massachusetts Gymnastics Center, LLC. I understand that gymnastics is a sport that involves height, rotation, and other movements 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. Every effort will be made to promptly notify parent/legal guardian of such emergency. I agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to any injury to any member of my family, including any of my minor children. I also agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to the use by me or any member of my family, including any of my minor child of Massachusetts Gymnastics Center, LLC. facilities, or arising out of or relating to my participation with Massachusetts Gymnastics Center, LLC., or with my child's use of the Massachusetts Gymnastics Center, LLC. facilities.

Parent/Legal Guardian Signature _____ Date _____

Photo/Video Consent and General Release Form

I hereby authorize Massachusetts Gymnastics Center, LLC to use pictures of me (or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words) in its own promotional materials. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Parent/Legal Guardian Signature: _____ Date: _____