

STARS GYMNASTICS TRAINING CENTER

661-833-3986

Reg: _____ Cheer: _____ P.T. _____

Tuition: _____

Fam. Disc: _____

CLASS _____

Date: _____

Please Print

STUDENT'S NAME:	BIRTHDATE:
STUDENT'S NAME:	BIRTHDATE:
STUDENT'S NAME:	BIRTHDATE:
ADDRESS:	CITY: ZIP:
HOME PHONE #:	
MOTHER'S NAME:	CDL#:
OCCUPATION:	CELL#:
PLACE OF WORK:	WORK PHONE:
FATHER'S NAME:	CDL#:
OCCUPATION:	CELL#:
PLACE OF WORK:	WORK PHONE:
EMAIL:	
EMERGENCY CONTACT: (Other than parents)	PHONE:

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 _____

Person Financially Responsible:

1. I understand that my payment is at the beginning of the term.
2. I understand that after the 10th of every month if my account is not paid my child will not be allowed to participate.
3. I understand that I will not be mailed a statement unless my annual membership fee is due.
4. There is a \$20 annual renewal (anniversary date) registration fee that must be kept current.
5. I understand a 2-week vacation can be prorated after 1 year of membership.
6. I understand that I can pay ½ of the tuition up front and the other ½ may be automatically charged to my credit card or leave a postdated check for the second half.

Print Name _____

Signature: _____ Date: _____

How did you hear about Stars?

Friend _____ Newspaper _____ Other _____

Valley Yellow Pages _____ Pac Bell Yellow Pages _____