



Virginia International Gymnastics Schools New Student Registration Form

Please call 276-7039 for space availability.

NEW STUDENT REGISTRATION FORM

Source: Where did you hear about us? _____

Location: Virginia International Gymnastics Schools

New Family Information: * indicates required information

New Family Name: * _____

Address 1: * _____

City: * _____ **State*** _____ **Zip*** _____

Home Phone: * _____ **Email** _____

Emergency Contact & Phone: * _____ () _____

New Student Information:

Student First Name: * _____ **Last Name:*** _____

Student Gender: Male _____ Female _____ **Birthdate:*** ____/____/____ **Age:*** _____

Does your child have any physical limitations or disabilities that VIGS staff should be aware of?*

No _____ Yes _____ If "yes", explain: _____

Term Number:* _____ **Name of Class:*** _____

Day of Class :* _____ **Time of Class:*** _____

Class Fee:* \$ _____, + registration fee of \$ _____ * = \$ _____ **TOTAL***

Annual Registration Fee: \$36 due at registration. (Pro-rated beginning Term VIII).

Method of Payment:* Check # _____ Visa _____ Mastercard _____ Discover _____

Please make checks payable to V.I.G.S.

Parent or Guardian's Signature:* _____ **Date:*** ____/____/____

PARENT'S OR GUARDIAN'S CONSENT AND RELEASE

CAUTION: ANY ACTIVITY INVOLVING HEIGHT OR MOTION CREATES THE POSSIBILITY OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS AND EVEN DEATH FROM LANDING OR FALLING ON THE HEAD OR NECK.

As legal guardian of the child registered on this form, I hereby consent for him/her to participate in gymnastics classes conducted by Virginia International Gymnastics Schools, Inc.. I recognize that any activity involving height or motion can create the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. I hereby forever release Virginia International Gymnastics Schools, Inc., Virginia International Gymnastics Schools, Inc. officers, directors, agents and employees from all liability for any and all damages and injuries suffered or contracted as a result of participation in gymnastics or cheerleading classes at Virginia International Gymnastics Schools, Inc..

Parent or Guardian's Signature:* _____ **Date:*** ____/____/____