



REGISTRATION FORM

Students' Name: _____ F/M Date of Birth: _____

2 nd. Student's Name: _____ F/M Date of Birth: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Mom Work Phone: _____

E-Mail _____ Dad Work Phone: _____

Two Persons who could be contacted in case of emergency (Other than Parent):

1. _____ Ph #: _____
2. _____ Ph # _____

List all prior gymnastic and dance experience:

How did you hear about us? _____

Here at Snow Power we offer the most convenient & up to date method of payment.

These methods will ensure that your child's monthly payment will be paid on time each month. Please choose one of the payment methods offered below. Check or cash will pay your initial payment for the first month. Your child's second month will be deducted from your account. Your child's membership will not be activated nor may your child participate in class without the entire form being complete.

'2 Payment Methods

Bank Draft Checking Account: Debit will be the 8 th of each month.

Bank Routing Number _____

(1 st set of 9 digits listed on the bottom left of check)

Account Number: _____

(digits listed in the middle of your check)

Or

Credit Card: Debit will be the 8 th of the month.

Credit Card Type: _____ (We do not accept Discover)

Name on Card: _____ Card #: _____

Expiration Date: _____ (MMYY)

Day of Debit to your checking account or credit card will be the 8 th of each month.

Office use only: Reg: _____ Month: _____ T-Shirt: _____ Month to start payment option: _____ Monthly amount: _____



REGISTRATION FORM

List any medical disabilities: _____

List any bones that have been broken, and date of accident: _____

Physician: _____ Phone#: _____

I, _____, parent guardian give my permission to the Snow Power Unlimited staff to administer first-aid, and / or transport my child to the nearest medical facility in the event I am unable to be contacted.

Signed: _____ Date: _____

Class Participation Release Form

Student's Name: _____ Date: _____

Type of Class: _____ Class Time: _____ Day of Class: _____

I understand and agree that Snow Power Unlimited will not have or assume any financial responsibility or liability for the expenses of medical treatment or of compensation for any injury I may suffer during or resulting from utilizing the centers's facilities and / or from participation in a class, whether such injury or loss results from negligence of any owner, employee, independent contractor or any other person affiliated with Snow Power Unlimited or from any other cause whatsoever.

(Signature of participant/parent): _____

I have read and agree to all Snow Power policies.

(Signature of participant/parent): _____ Date: _____
