

Gold Coast Gymnastics, Inc.

1420 Rupp Lane
 Lake Worth, Fl. 33460
 (561) 585-2700
 Fax (561) 586-7880
 Gcgym.com

Registration Form

Contact Number _____ Email _____

Emergency Contact Name: _____ Number _____

Child Name _____ Age _____ DOB _____

Child Name _____ Age _____ DOB _____

Child Name _____ Age _____ DOB _____

Child Name _____ Age _____ DOB _____

Father Name _____ cell _____ DL# _____

Mother Name _____ cell _____ DL# _____

	1 st child	2 nd child / class	3 rd child / class	4 th child / class
Class type				
Class Day				
Class Times				
Membership Fee				
Total Term Payment				
Total Due				

Total Paid: \$	Payment: Cash/check # _____ CC# _____	Date: _____
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Rules & Policies

- * We accept cash, check, visa, mastercard & discover-A \$30.00 charge for returned NSF checks. Sorry, no refunds.
- * Tuition is due by the 1st class. There will be a \$10.00 late fee if payment is not made by the 2nd class
- * We do not accept or hold- post dated checks!
- * FAMILY DISCOUNTS- 10% discount off siblings & additional class days. ½ off yearly membership for siblings.
- * ADDITIONAL DISCOUNTS- Priority Enrollment- To guarantee your current class space and receive a \$5.00 discount off Of tuition, payment must be made by the Priority Enrollment date (3 weeks prior to the next term). Only current students May receive the PED discount. After the PED there will be open enrollment for available classes This procedure is Necessary to ensure correct class sizes.
- * MAKE-UP POLICY: one make-up per class missed in the current session. To be completed by the end of the current Term. No transfers or credits of make-ups to the following Term. Contact the front desk to schedule & receive make up pass.
- * Developmental Class Testing- Held on the final week of each Term Only. Testing can not be made up. No make-up will be Permitted on testing week.

I understand that participation in gymnastics and cheerleading activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of catastrophic injury, paralysis, and even death. I understand and agree that GOLD COAST GYMNASTICS, INC., and it's entire staff and volunteers will assume no responsibility for injuries or medical expenses incurred by my son, daughter, student(s) or myself. My student(s), child (or I) has (have) no physical, mental or emotional problems that would interfere with participation in this program. I have read and understand the above statements.

Parental Signature _____ Date _____