



Rising Stars Gymnastics Academy

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Summer Registration Form

To register for a class you need to do the following:

1. Complete the registration form (you will be notified if you do **NOT** get your first choice).
2. Include class tuition
3. Drop off in person or mail in completed registration form including class fees.

No Membership Fee!!

[Rising Stars reserves the right to close classes due to lack of interest or if the class is full.]

Class Tuition

Child's Name: _____ DOB: _____ Gender: M / F 1st Child: _____
 Class Level: _____ Day(s): _____ Time: _____

Child's Name: _____ DOB: _____ Gender: M / F 2nd Child: _____
 Class Level: _____ Day(s): _____ Time: _____

Child's Name: _____ DOB: _____ Gender: M / F 3rd Child: _____
 Class Level: _____ Day(s): _____ Time: _____

Total: _____

Home Phone # _____

Parent/Guardian Name: _____ Cell # _____ Work # _____

Parent/Guardian Name: _____ Cell # _____ Work # _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Email Address: _____

Any Medical Conditions: _____

How did you hear about us? Friend* Birthday Party Newspaper Phone Book Coupon Driving By Other

*Friend's Name: _____

By initialing in the spot indicated I hereby GRANT or DENY RSGA the right and permission to use my child's photography for the purpose of publicizing the program through pamphlets, video, newspaper, periodicals, website, etc. (Please initial only **ONE** spot.)

Initial Here to GRANT: _____ -- or -- Initial Here to DENY: _____

We, the staff of Rising Stars Gymnastics Academy (RSGA), recognize our obligation to make our students aware of the risks and hazards associated with the sport of gymnastics. By the very nature of the activity, gymnastics carries a risk of physical injury. The risk of injury includes minor injuries such as bruises to more serious injuries such as broken bones, dislocations and pulled muscles. **The risk also includes catastrophic injuries such as permanent paralysis or even death from the improper conduct of the activity.** I fully understand that RSGA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the event of any injury or illness, and if deemed necessary by RSGA staff to make whatever emergency (i.e., first aid, disaster evacuations) measures that are judged necessary for the care and protection that my child(ren) while under the supervision of RSGA. In the case of a medical emergency I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad or fire department) deems it necessary. The child will be transported at the expense of my primary insurance coverage. It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. RSGA, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of any gymnastics workouts, exhibition, competition, or clinic in which he/she may participate or while traveling to or from events. **ADULTS ARE NOT ALLOWED ON THE EQUIPMENT.**

The commitment is always for a session, regardless of times missed. A refund of tuition can be given for any withdrawals made more than two weeks prior to the start of the session less a \$5.00 processing fee. If cancellation is two weeks prior to session start date a \$25.00 cancellation fee is charged for each student. If cancellation is made one week prior to session start date one-half of tuition is charged. The Annual Registration Fee is always nonrefundable. Refunds are not given for missed classes and there are no refunds given once the session has begun.

I hereby verify by my signature below that I have read, fully understand and accept each of the above tuition policy and conditions permitting my child to participate in classes, events, competitions, and activities conducted by RSGA.

Signature _____

Parent/Guardian Name (please print) _____

Date _____