



# Registration Form

## 2008

HOW DID YOU HEAR ABOUT US? (Please circle) / Friend / Fam. Mag. / Manasota Kids Directory /  
 / Yellow Pgs./ Donation / Drive By / Internet / Silent Auction / Water bottle / Other: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ STUDENT'S LAST NAME: \_\_\_\_\_

**PARENT INFORMATION:**

Mother's Name: _____	Father's Name: _____
Home #: _____	Home#: _____
Cell #: _____	Cell #: _____
Work #: _____	Work #: _____
Email: _____	Email: _____
Neighborhood: _____	
Address #1: _____	Address #2: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____

**EMERGENCY CONTACT INFORMATION (Other Than Parents):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**STUDENT INFORMATION:**

Student #1: _____	Middle Initial: _____	Gender: female / male
Birthday: (MM/DD / YR) _____	Email?: _____	
School: _____	Any Disabilities? _____	
Any Allergies? _____	Any Medications? _____	

Student #2: _____	Middle Initial: _____	Gender: female / male
Birthday: (MM/DD / YR) _____	Email?: _____	
School: _____	Any Disabilities? _____	
Any Allergies? _____	Any Medications? _____	

Student #3: _____	Middle Initial: _____	Gender: female / male
Birthday: (MM/DD / YR) _____	Email?: _____	
School: _____	Any Disabilities? _____	
Any Allergies? _____	Any Medications? _____	

← PLEASE TURN OVER FOR TUITION INFORMATION →

**PARENT COMMENTS / NOTES SECTION:**

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**(FOR OFFICE USE ONLY)**

**TUITION INFORMATION:**

Current Session / Class:	_____	Length of Session:	_____
Tuition:	_____	= Today's Total	_____
Plus			
Registration Fee	_____		
(Paid Annually)			_____ Welcome Packet, T-shirt, Water Bottle

**Payment Plan Option ONLY when offered:**

1st Payment Paid:	2nd Payment:
Amount / Due Date: _____	Amount / Due Date: _____

**Payment Information:**

Full payment for session classes is due prior to the first class, unless otherwise indicated on Tuition Information Form. Payments for all monthly programs are due by the 25th of the month for the following month. Your family pays full price only for your 1st class. Additional classes are offered at a 25% discount. A late fee of \$40 will be added to any payments made after the 1st of the month. I understand there is no refund for missed or unused classes regardless of the reason.

\*\*\* \_\_\_\_\_ I've read the above and agree

**Returned Check Policy:**

Any checks returned will be assessed an additional fee of \$15.00. The returned check and NSF fee needs to be replaced with cash only. Any accounts that have more than 2 checks returned will need to be paid by cash or credit card only.

\*\*\* \_\_\_\_\_ I've read the above and agree

The undersigned hereby acknowledges that participation in gymnastics, cheerleading, and other activities offered at FUNTASTICS involves an inherent risk of physical injury. The participant attending programs at FUNTASTICS, and using the facilities, does so a his or her own risk. FUNTASTICS, its officers, agents and employees shall not be held liable for any damage arising from personal injuries or property damage sustained by the participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises, and he or she does hereby fully and forever release and discharge FUNTASTICS, officers, agents and employees from any and all claims, demands, damages, rights of action, present or future, resulting from the participants use of the gym and its facilities. Participation at FUNTASTICS in voluntary, and with the understanding of the risk of accidental injury involved in this sport. I hereby authorize and its agents to act for me according to their best judgment in any emergency requiring medical attention. Permission is hereby granted for photographs and/or video tapes to be taken of my child(ren) at the gym and events. FUNTASTICS has the right to utilize these photographs in brochures or displays, or for any other purpose.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING. I HAVE ALSO RECEIVED A COPY OF THE SAFETY REGULATIONS OF FUNTASTICS (AS SEEN IN WELCOME PACKET) AND UNDERSTAND THAT FAILURE TO FOLLOW THESE POLICIES MAY RESULT IN SERIOUS INJURY.

Date: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_