

**Sport Art Gymnastics, LLC  
2008-2009 Registration Form**

Class Day(s): \_\_\_\_\_ Time: \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

In case of emergency please notify  
(other than parents):  
Name: \_\_\_\_\_  
Phone/cell: \_\_\_\_\_  
Allergies, current medications, or other  
medical conditions to be aware  
of: \_\_\_\_\_

**Parent's Agreement**

I understand that gymnastics, as any sport, involves the risk of injury to the participant. It is with this in mind that I relieve Sport Art Gymnastics, LLC, Sport Art Gymnastics' instructors and Sport Art Gymnastics' landlord of any and all liability in the event of injury to my child.

I, \_\_\_\_\_,  
(relationship to child), give permission  
to medical personnel to perform necessary  
emergency treatment on

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Parent's signature

Date: \_\_\_\_\_

**Mail to:**

Sport Art Gymnastics  
PO Box 16355  
Chapel Hill, NC 27516

**Calculate Fees:**

**Pay by the month:**

One month's tuition \_\_\_\_\_  
Registration Fee +35  
Total Due = \_\_\_\_\_

**OR**

**Pay by semester**

Fall semester tuition \_\_\_\_\_  
Registration Fee +35  
Total Due = \_\_\_\_\_