



# LIBERTY GYMNASTICS TRAINING CENTER

*A Family-Oriented Training & Enrichment Center*

## **Student Information & Class Registration Form**

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Circle: M / F \_\_\_\_\_ Birth Date \_\_\_\_\_

**PARENTS/GUARDIAN NAMES:** \_\_\_\_\_ Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_  
(students under 18 yrs old)  
 \_\_\_\_\_ Mother's Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Mother/Guardian

Student Address: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Student living with:  parents  mother only  father only  other: \_\_\_\_\_

Other family members enrolled in Liberty? Please list: \_\_\_\_\_

Email Address: \_\_\_\_\_

Doctor Name & Phone No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(other than parent)

**List any special physical, behavioral, learning, and/or medical needs:** \_\_\_\_\_

**PAYMENT:** Person Responsible for Payment, *if different from above:* \_\_\_\_\_

Phone  cell or  home: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**POLICIES:**

Students will be kept out of class if:

- he/she is not wearing the proper workout attire (leotards, T-shirts & shorts, hair tied back, no jewelry)
- he/she is more than 10 minutes late for preschool classes (misses warm-up and stretching)
- he/she is more than 15 minutes late for recreational classes (misses warm-up and stretching)
- tuition payment has not been made by the start of the first class
- Parents must come into the gym to drop off and pick up students under 11 years old
- I understand that Liberty Gymnastics does not offer make up classes
- I, the undersigned, have been informed of the policies of Liberty Gymnastics as posted in the office

**Need parent/guardian initials**

\_\_\_\_\_ Parent Initial  
 \_\_\_\_\_ Parent Initial  
 \_\_\_\_\_ Parent Initial  
 \_\_\_\_\_ Parent Initial  
 \_\_\_\_\_ Parent Initial  
 \_\_\_\_\_ Parent Initial  
 \_\_\_\_\_ Parent Initial

**Liberty Gymnastics Training Center reserves the right to cancel or combine classes if minimum enrollment is not met. Class schedules are subject to change at any time based on enrollment and availability of instructors.**

**REFERRAL:** How did you hear about us?  Our website  Ad/Coupon  Certificate  Internet  Community Event  Friend  Other  
 Name of friend or event: \_\_\_\_\_

**PHOTO RELEASE OF LIABILITY:**

I hereby authorize Liberty Gymnastics Training Center, its affiliates, licensees, and legal representatives to publish and copyright all photographs and/or video clips taken **of the above listed student** during Liberty Gymnastics Training Center's programs and events in their internet website, newsletters, advertising, posters, displays, slide shows, videos, catalogs, and like publications, literature, or materials without limitations or reservations. I waive any right to inspect or approve the finished product, including written copy, which may be created in connection with it. I release Liberty Gymnastics Training Center, its affiliates, licensees, and legal representatives from liability or any violation of personal or property rights I have in connection with the reproduction of the photographs and/or video clips taken of my child.

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

**OFFICE USE ONLY**

**Class Start Date**

CLASS / TEAM	DAY	TIME	CLASSES REMAINING IN SESSION	TUITION	REGISTRATION FEE