

Lakes Area Gymnastics, Inc.

432 S. Pine Street • P.O. Box 295 • Burlington, WI 53105 • (262) 763-2933 • www.lakesareagymnastics.com

SPRING TERM 2012 • March 5th – June 4th, 2012
Spring Break – NO CLASSES Saturday, April 7th thru Friday, April 13th or Memorial Day, Monday, May 28th

INSTRUCTIONS FOR REGISTERING -

Please complete the registration form and mail it to Lakes Area Gym, P.O. Box 295, Burlington, WI 53105 or stop by the gym, 432 S. Pine St. Burlington. We offer 3 payment options. Payment in full with the registration, **prior to 3/5/12**, receives a \$5.00 discount. For those who would like to pay in 3 installments, postdated checks or a credit card on-file can be arranged with the 1st payment due at registration and remaining **2 dated for 3/15 & 4/15**. We accept Visa, MasterCard and Discover for your convenience. In order to process your form we must have ALL information complete, including signature and payment method of choice.

All new students will have an annual \$25.00 membership due, good through March 2013. Please add this to your tuition when registering your new student. (Max. \$50.00/family) **Also, any current or returning students whose memberships expire Feb/March are now due!**

CLASS TUITIONS -

	1X a week	Add a 2nd day for only:
Tiny Tots/Tumble Tots	\$125.00	\$98.00
Super Tots	\$135.00	\$108.00
Gym-Minis/Buddies	\$155.00	\$122.00
Gym Kids/Gym Stars	\$175.00	\$138.00
Levels 1-6:	\$175.00	\$138.00
Levels 7, 8 :	\$225.00	\$175.00
Levels 9-10/ Elite:	\$255.00	\$190.00
Boys' I & II:	\$175.00	\$138.00
Tumbling & Tramp:	\$175.00	NA

10% Discount for each additional family member (calculated off of lower tuitions)

Parent/Legal Guardian Information

PARENT/GUARDIAN- First name _____ Last _____ (_____) _____ (_____) _____
 Home Phone _____ Cell or Work Phone _____ Ext. _____ Billing Address _____
PARENT/GUARDIAN- First name _____ Last _____ (_____) _____ (_____) _____
 Home Phone _____ Cell or Work Phone _____ Ext. _____ City _____ State _____ Zip _____
 Emergency Contact _____ Relationship _____ Home Phone _____ Cell or Work Phone _____ Ext. _____ **E-MAIL:** _____

Student and Class Information

Payment Procedure

STUDENT #1							Tuition			
first	last	Sex	Age	Birthdate	&	Day	Time	1 st student	_____	
Class Name (1 st choice)	Day	Time	&	Day (for 2x a wk)	Time	Class Name (alternate choice in case 1 st choice is full)	Day	Time	2 nd student	_____
Class Name (alternate choice in case 1 st choice is full)	Day	Time	&	Day (for 2x a wk)	Time				3 rd student	_____
STUDENT #2							Membership		_____	
first	last	Sex	Age	Birthdate	&	Day	Time	Subtotal	= _____	
Class Name (1 st choice)	Day	Time	&	Day (for 2x a wk)	Time	Class Name (alternate choice in case 1 st choice is full)	Day	Time	< Discount	_____
Class Name (alternate choice in case 1 st choice is full)	Day	Time	&	Day (for 2x a wk)	Time				*see box above	_____
STUDENT #3							TOTAL		_____	
first	last	Sex	Age	Birthdate	&	Day	Time	Enclosed	_____	
Class Name (1 st choice)	Day	Time	&	Day (for 2x a wk)	Time	Class Name (alternate choice in case 1 st choice is full)	Day	Time	_____	
Class Name (alternate choice in case 1 st choice is full)	Day	Time	&	Day (for 2x a wk)	Time				*If partial payment is made, we MUST have postdated checks or a credit card on file for the remaining two payments.	_____

How did you hear about us?

Birthday Party _____ Yellow Pages _____ Demo _____ Newspaper _____ Flyer _____ Word of Mouth _____ Other: _____

READ THE FOLLOWING CAREFULLY & SIGN BELOW

(Parent /Legal Guardian Signature REQUIRED Below!)

AUTHORIZATION OF MEDICAL CARE - In case of illness or injury while with Lakes Area Gymnastics, Inc. in case a parent cannot be reached, staff of Lakes Area Gymnastics, Inc. may authorize medical care and treatment for the above named participant(s).

LIABILITY WAIVER AND RELEASE- I understand that gymnastics & cheerleading, like any other situation involving height and movement involves risk and the chance of catastrophic injury, paralysis, and even death, as well as, other damages and losses associated with participation in a gymnastics event. This student(s) has no problems that might compromise their safe involvement. I understand that I need to provide for medical expenses for my son/daughter and forever release Lakes Area Gymnastics, Inc. along with the employees, agents, officers, and directors from responsibility or liability for any losses or damages occurring as a result of my son/daughters participation in any gymnastics activity.

AGREEMENT TO PAY - I understand that there are no refunds or credits for dropped or missed classes once the term begins and that I am liable for the full tuition even if only a partial payment has been made. I understand that I will be assessed a service fee for any check presented to my account twice (\$15) or returned NSF by my bank (\$30).

Signature of Parent/Legal Guardian: _____ **Date:** _____

For Office Use Only:

Date Rec'd ____/____/____ Amt.: _____ CC: _____ Chk # _____ Cash: _____ Initials: _____