

Registration Form

Student Membership Information:

Date: _____

Student's First Name: _____ Last Name: _____

Birthday ___/___/___ Age: ___ (M)___(F)___ Grade _____ School _____

Home Address: _____ City: _____ State ___ Zip: _____

Home Phone: _____

Student's E-mail: _____

Parent or Guardian Information:

Father's Name: _____ Work Phone: _____

Father's Cell Phone: _____ E-mail: _____

Mother's Name: _____ Work Phone: _____

Mother's Cell Phone: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

Physicians Name: _____ Phone: _____

Please list medical conditions, allergies, physical limitations, past injuries: _____

How did you hear about our center? _____

CLASS INFORMATION:

PAYMENT OPTIONS:

Discounted Payment Program with Electronic Funds Transfer (EFT) from your checking account.

Monthly tuition includes 4 classes, pay monthly with check, credit/debit.

SIBLINGS PAY THE "ADDITIONAL" CHILD PER WEEK FEE ON "FEES" PAGE

Please sign the back of this form.

Fees and policies are listed on page 7.

You may put more than one child on this form (add birth date)

CLASS	DAY	TIME	START DATE	AGE	FEE

Card# _____

Total Amount Classes _____

Exp. Date: _____ Total Amount Charged: _____

Registration Fe _____

Signature: _____

Total Amount Due _____

Please make checks payable to **Perpetual Motion**. Submitting this application with payment for classes acknowledges your acceptance of all payment, refund and insurance policies at Perpetual Motion Gymnastics.

Mail to: OR
1452 E Brown School Rd
Maryville, TN 37804

Fax to:
865-984-9974

Phone for more information:
865-984-1253

