

**WARWICK DANCE AND GYMNASTICS ACADEMY, INC
ENROLLMENT FORM**

STUDENT NAME _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____ E-MAIL _____

PARENT/GUARDIAN NAME _____

CLASS REGISTERING FOR: Dance/Preschool Rec. gymnastics/tumbling

Please circle class day: MON TUES WED THURS FRI SAT TIME: _____

**A \$25.00 non-refundable registration fee per student (\$35.00 per family) is due with your registration form and annually thereafter. Sept-Dec: \$25.00/Jan-March: \$15.00/April-June: \$8.00/FAMILY Sept-Dec: \$35.00/Jan-March 21.00/April-June: \$11.00*

PLEASE READ AND SIGN THE FOLLOWING RELEASE FORM:

I certify that my child _____ has had a physical exam in the past year, and is in good physical health. It is my responsibility to provide adequate health insurance and pay any additional medical fees not covered by my health insurance. Any activity involving motion or height creates the possibility of serious injury. Being fully aware of these risks, I hereby give my consent for the aforementioned person to participate in any and all activities of and at the facility of Warwick Dance and Gymnastics, Inc. In consideration for allowing my child to participate in and utilize facilities of Warwick Dance and Gymnastics Inc. I, on my own behalf and on behalf of my child and our respective heirs, future guardians or administrators, executors and successors, hereby covenant not to sue and forever release Warwick Dance and Gymnastics Academy, Inc. its officers, shareholders, employees, and agents, whether paid or volunteer, from any and all liability for any losses, damages or injuries occurring as a result of my child's participation in gymnastics/tumbling, dance or cheerleading classes and events. While under the instruction, supervision or control of Warwick Dance and Gymnastics, Inc., except where such losses or damage is the result of the intentional or reckless conduct of Warwick Dance and Gymnastics. Also, I agree Warwick Dance and Gymnastics may approve transport in case of an emergency.

I have read and fully understand and accept each of the above conditions. **I further agree, for myself and child, to be bound by the rules, regulations and policies, including tuition policies, as set forth by Warwick Dance and Gymnastics.**

ARE THERE ANY HEALTH ISSUES WE SHOULD BE AWARE OF?

PRINTED NAME OF PARENT OR GUARDIAN

RELATION TO STUDENT

SIGNATURE

DATE

PMT _____ DATE _____ CHECK# _____ visa/mc CASH