



SALEM GYMNASTICS SPORTS CENTER

REGISTRATION

4870 Country Club Rd.
Winston-Salem, NC 27104
336-765-4668; SalemGym.com

Class _____

Day _____ Time _____

Payment Plan: check one

_____ #1 (draft-cheapest)

_____ #2 (pay monthly w/fee)

Name _____ Sex ____ Age ____ Birth date _____

Address _____ Home Phone _____

City, State, Zip _____ School _____

Father's Name _____ I.D.* _____

Address if different _____ Phone _____

Place of Business _____ Phone work _____ Mobil _____

Mother's Name _____ I.D.* _____

Address if different _____ Phone _____

Place of Business _____ Phone work _____ Mobil _____

Other Payer's Name _____

Address _____ Phone _____

Email address _____

How did you learn about Salem Gymnastics? _____

Are there any special medical conditions that we need to be aware of? If so, please explain. _____

Student's Physician _____ Phone (optional) _____

MEDICAL RELEASE: Salem Gymnastics Center, Ltd. gives safety of the student the highest priority, employing competent, trained instructors and using the best equipment and safety aids available. If there should be an accident, we will make EVERY EFFORT to contact the child's parents FIRST. IF WE CANNOT get in touch with you, then we MUST have authorization to secure medical treatment.

I hereby authorize Salem Gymnastics Center, Ltd. to secure medical treatment for _____ in any emergency which may occur while he/she is attending class. (child's name)

_____ parent or legal guardian signature _____ date

WAIVER OF LIABILITY: I hereby release Salem Gymnastics Center, Ltd. it's Officers, Directors and Instructors from all claims of liability including injuries that could occur while my child is at Salem Gymnastics Center. (Students age 18 and over may sign for themselves)

_____ parent or legal guardian signature _____ date

BILLING POLICY: I understand the new SGSC Billing Policy and realize I must notify the office IN WRITING by the 20th of the month to drop my child for the following month.

_____ parent or legal guardian signature _____ date

* One Parental identification required - Social Security No. or Drivers License No. CAUTION: ANY ACTIVITY INVOLVING MOTION, ROTATION OR HEIGHT MAY CAUSE ACCIDENTAL INJURY.

Let us draft your Salem Gymnastics tuition for you!

It's easy, it's safe, and you never have to worry about a late payment!

Plus, you get the added bonus of paying our lowest monthly tuition.

I hereby authorize Salem Gymnastics Center, Ltd. to draft each month for my child's tuition. I understand this draft will remain in place until I notify the SGC office of my child's termination. I also understand that I must notify the office IN WRITING prior to the 20th of the month to avoid being charged the next month's tuition.

Check one: _____ Bank account—*our preferred method!* (please attach a voided check)

_____ Mastercard/VISA Name as it appears on the card _____

Billing address of card _____ Zip _____

Credit card # _____ Exp. date _____

Signature _____ Date _____ Home Phone _____