



# REGISTRATION SHORT FORM

5 NORTHWEST DRIVE  
 PLAINVILLE, CT 06062  
 TEL # (860) 793-1616  
 (Farmington Town Line - off Rt. 10)  
 FVGandMore.com

\* SUMMER CAMP \*

"Shaping Kids For The Future"

Parent/Gaurdian \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

1st CHILD

2nd CHILD

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

#	MON		TUES		WEDS.		THURS		FRI.		#	MON		TUES		WEDS.		THURS		FRI.	
Week	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Week	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

REG FEE \$ \_\_\_\_\_

MEDICAL CONDITION OR ALLERGIES WE SHOULD BE AWARE OF: 1st Child # of Days/Wks \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 (INCLUDING FOOD) 2nd Child # of Days/Wks \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Please up-date address / Phone # changes: \_\_\_\_\_

Discounts \$ \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_

TOTALS \$ \_\_\_\_\_

DATE \_\_\_\_\_

DEPOSIT \$ \_\_\_\_\_

Office only / Form of payment \_\_\_\_\_

Please check if extended care is needed (Please see back page) \$ \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

BAL. DUE \$ \_\_\_\_\_

FOR NEW STUDENTS PLEASE FILL OUT MAIN REGISTRATION FORM AND ATTACH THIS FORM TO IT

Main registration form is page 2

Fill out form below and save your records

**FARMINGTON VALLEY GYMNASTICS & MORE, LLC \* 5 NORTHWEST DRIVE \* PLAINVILLE \* TEL # 860-793-1616**

**Extended Care Sign-Up**

Am Time: 12:00pm - 1:00pm

Pm Time: Extend the Day For \$10 per hour / per day

Child Name \_\_\_\_\_

#	MON		TUES		WEDS.		THURS		FRI.		Total Price:	
Week	AM	PM	Time	AM	PM	Time	AM	PM	Time	AM		PM
												\$
												\$
												\$
												\$
												\$

Child Name \_\_\_\_\_

#	MON		TUES		WEDS.		THURS		FRI.		Total Price:	
Week	AM	PM	Time	AM	PM	Time	AM	PM	Time	AM		PM
												\$
												\$
												\$
												\$
												\$

\* SUMMER CAMP \*

Date Due \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

\* Full Week: Reserve your spot now with a \$25.00 non-refundable deposit due at the time of registration.

\* Balance due two weeks before camp week or sooner.

\* No refunds or make-up days allowed for days missed



"Shaping Kids For The Future"

**MAIN REGISTRATION FORM**



5 Northwest Drive  
 Plainville, CT 06062  
 Tel: 860.793.1616  
 Fax: 860.793.1717  
 FVGandMore@gmail.com

**STUDENT INFORMATION**

Home Phone (____) _____	Mom/Guardian _____	Cell (____) _____
Address _____	Occupation/WorkPlace _____	Work (____) _____
	Dad/Guardian _____	Cell (____) _____
Town _____ Zip _____	Occupation/WorkPlace _____	Work (____) _____
Emergency Contact Other than Parent _____	Emergency # (____) _____	Relationship to Child _____
Email _____ Medical conditions/allergies we should be aware of (including food): _____		
1st Child's Name _____	Sex ____ Age ____	DOB ____/____/____
2nd Child's Name _____	Sex ____ Age ____	DOB ____/____/____
Insurance Co. _____	Insurance # _____	

Program Info: Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_ Sum Sess \_\_\_\_ Camp \_\_\_\_ Open Gym \_\_\_\_ Other \_\_\_\_

**1st Child**  
 1st Choice: Program: \_\_\_\_\_ Grade: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 2nd Choice: Program: \_\_\_\_\_ Grade: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**2nd Child**  
 1st Choice: Program: \_\_\_\_\_ Grade: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 2nd Choice: Program: \_\_\_\_\_ Grade: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**PAYMENT INFORMATION**

Annual Registration Fee \$20.00 individual / \$30.00 Family Fee	\$ _____
1st Child - Tuition	\$ _____
2nd Child / Program - Tuition (5% off second family member / 10% multiple program - lowest fee only)	\$ _____
Registration Fee Non-transferrable or refundable	Total \$ _____ DEPOSIT \$ _____ BAL. DUE \$ _____
Deposits Non-transferrable or refundable	
No refunds after second class	
10% processing fee for refunds or credits	
Payment Options: Checks, Cash, (preferred form of payment) Debit, Master Card, Visa & Discover also accepted	

**ASSUMPTION OF RISK \* WAIVER OF LIABILITY \* MEDICAL AUTHORIZATION \* PHOTO RELEASE**

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I hereby give consent for my child(ren)) and I to participate in any and all Farmington Valley Gymnastics & More, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my child(ren) and I participation I hereby, for myself and my child(ren) and our heirs and successors, Covenant Not to Sue and forever release Farmington Valley Gymnastics & More, LLC its officers, directors, employees, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Farmington Valley Gymnastics & More, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Farmington Valley Gymnastics & More, LLC.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Farmington Valley Gymnastics & More LLC publicity and advertising.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION and PHOTO RELEASE and I voluntarily affix my name in agreement.

Parent/Legal Guardian:

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Office only / Form of payment \_\_\_\_\_ / /