



REGISTRATION SHORT FORM

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

*** SUMMER CLASSES ***

"Shaping Kids For The Future"

PARENT NAME _____ ADDRESS _____, _____ Z _____

1st / CHILD'S NAME _____ AGE _____ PHONE # _____

2nd / CHILD'S NAME _____ AGE _____ CELL PHONE # _____

1st Child	(6/21-6/25)		(6/28-7/2)		(7/5-7/9)		(7/12-7/16)		(7/19-7/23)		(7/26-7/30)		(8/2-8/6)		(8/9-8/13)		(8/16-8/20)		(8/23-8/27)		
Class	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	

2nd Child	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		Week 7		Week 8		Week 9		Week 10		
Class	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	

REG FEE \$ _____

MEDICAL CONDITION OR ALLERGIES WE SHOULD BE AWARE OF: 1st Child - Class # _____ X per Class \$ _____ = \$ _____

(INCLUDING FOOD) _____ 2nd Child - Class # _____ X per Class \$ _____ = \$ _____

Please up-date address / Phone # changes: _____ Discounts \$ _____

PARENTS SIGNATURE: _____ TOTALS \$ _____

DATE _____ DEPOSIT \$ _____

Office only / Form of payment _____ / / _____ BAL. DUE \$ _____

NEW STUDENTS MUST ALSO FILL OUT MAIN REGISTRATION FORM (PAGE 3) AND ATTACH THIS FORM TO IT

Fill out below and Cut Here and keep bottom for your records

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

Class	(6/21-6/25)		(6/28-7/2)		(7/5-7/9)		(7/12-7/16)		(7/19-7/23)		(7/26-7/30)		(8/2-8/6)		(8/9-8/13)		(8/16-8/20)		(8/23-8/27)		
Class	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	

SUMMER CLASSES Date Due _____ Balance Due \$ _____

* 4 students needed to run all class programs / We will notify you 1 wk before session if class is canceled.

* 2 Class Changes are allowed. 2 days notice required to request a class change,

providing space allows, Not Guaranteed. No Refunds/Credits

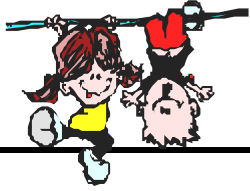
* Class add on allowed providing space available * No Show - No Call - No Changes Allowed



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MAIN REGISTRATION FORM



Shaping Kids for the Future

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 (____) _____
Town _____ Zip _____	Dad/Guardian _____	Cell (____) _____
Emergency Contact Other than Parent _____	Occupation/WorkPlace _____	Work (____) _____
Email _____	Emergency # (____) _____	Relationship to Child _____
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 \$
Deposits Non-transferrable or refundable	DEPOSIT \$
No refunds after second class	BAL. DUE \$
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 _____ Signature _____

Date _____

Office only / Form of payment _____ / /

How did you hear about us? _____