



Registration Form

1241 N. Industrial Parkway, Brunswick, OH | Ph: 440-888-8883 | Fax: 330-273-3480

Student Information

_____	_____	_____	____/____/____	() _____
Student's Name	Sex	Age	Birth Date	Phone
_____	_____	_____	____/____/____	() _____
Student's Name	Sex	Age	Birth Date	Phone
_____	_____	_____	_____	() _____
Address	City	Zip	Emergency Phone	
Mother's Name _____	Business Phone _____			
Father's Name _____	Business Phone _____			_____
				Family e-mail address
How did you hear about Five-Star Gymnastics (if word of mouth, from whom?) _____				

Class Information

1st Child... Class Name: _____ Day: _____ Time: _____

2nd Child... Class Name: _____ Day: _____ Time: _____

We will see you the first day of class. We will contact you if there is a problem scheduling your first class choice.

Payment Information

Annual Family Registration Fee..... \$35

Tuition (Full Payment Required) Full Payment Required unless monthly payment option chosen
Log on to five-stargym.com and see the Policies page _____

TOTAL ENCLOSED (Payment by check or credit card required if registering by mail) _____

Visa Name on Credit Card _____

Master Card Card Number _____ Exp. Date _____

Signature _____

As the parent or legal guardian of _____, I hereby consent to the above named person(s) participating in the program offered by Five-Star Gymnastics. As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child/children as a result of any injury sustained while participating in any program of instruction or competition at, for, or under the direction of Five-Star Gymnastics. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

_____ _____

Signature of Parent or Legal Guardian Date