Student Information

Please submit a separate form for each student

Student's name _____ **Home Phone #** _____

Home address _____

City/State_____ Zip _____Email_____

Age _____ **Birthdate**_____ Sex _____ Grade _____**School** _____

Parent's name _____ Work #_____ Cell # _____

Parent's name _____ Work #_____ Cell # _____

Emergency Contact Name _____ Emergency Contact Phone _____

Family Physician _____ Physician Phone _____

Insurance Provider _____ Group # _____

Does your child have any developmental or behavioral limitations, allergies, injuries or diagnosed illnesses? _____

_____ **Date of last Tetanus shot**_____

How did you find out about SSG? _____

☐ **Session 2: Oct. 30, 2008 – Jan. 31, 2009** ☐ **Session 3: Feb. 2 – April 18, 2009** ☐ **Session 4: April 20 – June 13, 2009**

Select Your Location: ☐ Silver Spring ☐ Bowie

First Choice _____
Class Day Time

Second Choice _____
Class Day Time

We do not send confirmations. Assume your first choice has been accepted.

Parent's Signature & Liability Waiver must be signed before your child participates in any gym activities

Release agreement: I understand that any athletic activity is inherently dangerous. The above named student has had a medical examination within the last twelve months and is capable of participating in gymnastics. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize *Silver Spring Gymnastics & Fitness Club, Inc., Silver Stars Gymnastics Rockville, Inc. and Silver Stars Gymnastics, Inc.* to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at *Silver Spring Gymnastics & Fitness Club, Inc., Silver Stars Gymnastics Rockville, Inc. and Silver Stars Gymnastics, Inc.*

BY SIGNING THIS RELEASE, I UNDERSTAND THE POLICIES AND LIABILITIES THAT MAY OCCUR IN SPORTS ACTIVITIES. I UNDERSTAND THERE ARE NO REFUNDS OR CREDITS GIVEN. THERE IS A $25.00 CHARGE FOR ANY RETURNED CHECKS.

Photograph Release: I agree to allow my child's likeness to be used on the website and in promotional materials for Silver Spring Gymnastics & Fitness Club, Inc., Silver Stars Gymnastics Rockville, Inc. and Silver Stars Gymnastics, Inc.

Date _____**Signature (parent or guardian)** _____

Payment Information

Class Amount $_____ Cash _____ Check number_____

Visa/MasterCard/AMEX Number _____ Expiration Date _____

3 digit CIN _____ Name of Card Holder_____
(found on back of card)

Signature _____

I, _____

Authorize *Silver Spring Gymnastics & Fitness Club, Inc., Silver Stars Gymnastics Rockville, Inc. and Silver Stars Gymnastics, Inc.* to charge the amount above to my credit card.
I understand there are no refunds or credits.

For Office Use Only

Date _____

Amount _____

Ref # _____

Check # _____

Charged by _____

Entered/Date _____

Initials _____

www.gosilverstars.com

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