

HILLS GYMNASTICS INC. PROGRAMS

REGISTRATION FORM

Girls - From 2 ½ years through 12th grade

NO REGISTRATION FEES

Fill in the required information in each field.

Parent must sign and date the form **and** sign and date the Insurance Waiver form (below)!

Submit one (1) form per child registering

You can register your child for more than one session using one form!

WINTER SESSION 2019

MONDAY	4:30-6:00PM	JAN 7, 14, 28 FEB 4, 11, 25 MAR 4, 11, 18, 25	\$260	<input type="checkbox"/>
TUESDAY	4:30-6:00PM	JAN 8, 15, 22, 29 FEB 5, 12, 26 MAR 5, 12, 19, 26	\$286	<input type="checkbox"/>
WEDNESDAY TUMBLE CLASS	4:30-5:15PM	JAN 2, 9, 16, 23, 30 FEB 6, 13, 27 MAR 6, 13, 20, 27	\$216	<input type="checkbox"/>
THURSDAY	4:30-6:00PM	JAN 3, 10, 17, 24, 31 FEB 7, 14, 28 MAR 7, 14, 21, 28	\$312	<input type="checkbox"/>
FRIDAY	4:30-6:00PM	JAN 4, 11, 18, 25 FEB 1, 8, 15 MAR 1, 8, 15, 22, 29	\$312	<input type="checkbox"/>
SATURDAY	9:30-11:30AM	JAN 5, 12, 19, 26 FEB 2, 9, 16 MAR 2, 9, 16, 23, 30	\$336	<input type="checkbox"/>
SATURDAY TUMBLE CLASS	11:30AM-12:15PM	JAN 5, 12, 19, 26 FEB 2, 9, 16 MAR 2, 9, 16, 23, 30	\$216	<input type="checkbox"/>

SPRING SESSION 2019

MONDAY	4:30-6:00PM	APR 1, 8, 15, 29 MAY 6, 13, 20 JUN 3	\$208	<input type="checkbox"/>
TUESDAY	4:30-6:00PM	APR 2, 9, 16, 30 MAY 7, 14, 21, 28 JUN 4	\$234	<input type="checkbox"/>
WEDNESDAY TUMBLE CLASS	4:30-5:15PM	APR 3, 10, 17 MAY 1, 8, 15, 22, 29 JUN 5	\$162	<input type="checkbox"/>
THURSDAY	4:30-6:00PM	APR 4, 11 MAY 2, 9, 16, 30 JUN 6	\$182	<input type="checkbox"/>
FRIDAY	4:30-6:00PM	APR 5, 12 MAY 3, 10, 17, 31 JUN 7	\$182	<input type="checkbox"/>
SATURDAY	9:30-11:30AM	APR 6, 13 MAY 4, 11, 18 JUN 8	\$168	<input type="checkbox"/>
SATURDAY TUMBLE CLASS	11:30AM-12:15PM	APR 6, 13 MAY 4, 11, 18 JUN 8	\$108	<input type="checkbox"/>

Name: _____

NAME: _____
ADDRESS: _____
CITY: _____
SCHOOL: _____
EMAIL: _____

BIRTH DATE: _____
TELEPHONE: _____
ZIP CODE: _____
GRADE: _____
EMERGENCY #: _____

I am fully aware and appreciate the risk of injury associated with participating in gymnastics. I agree that the Hills Gymnastics Inc., its employees, officers, and directors shall not be liable for any injury or related medical expenses as a result of my child's participation in gymnastics.

PARENT'S SIGNATURE: _____ **DATE:** _____

We have limited enrollment - You will be notified ONLY if the program desired is full.

We recommend your child bring a drink!

NO jewelry - Hair MUST be UP!!!

Make checks payable to: Hills Gymnastics Inc.

Mail completed and signed form and check for the total session fees to:

431 Brook Avenue
Deer Park, New York 11729

Hills Gymnastics Inc.

THE ATHLETE PARTICIPATION AGREEMENT AND WAIVER FORM:

Name of Athlete: _____

In consideration of my participation in the Hills Gymnastics Inc., and my participation in any sanctioned events, I agree to be bound by each of the following conditions:

A) Medical Attention: I hereby give my consent to Hills Gymnastics Inc. to provide through the medical staff of it's choice, customary medical / athletic training attention, transportation, and emergency medical services as warranted in the course of my participation in Hills Gymnastics Inc. events.

B) Waiver and Release: I am fully aware of and appreciate the risks, as well as other damages and losses associated with participation in gymnastics. I further agree that Hills Gymnastics Inc., any employees, agents, officers and directors of this organization shall not be liable for any losses, damages or injuries occurring as a result of my participation in any event.

Signature of Athlete

Date

As the legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in the Hills Gymnastics Inc., and any sanctioned event.

Signature of Parent or Guardian

Date