

# 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!

### FALL SESSION 2018

<b>MONDAY</b>	<b>4:30-6:00PM</b>	SEPT 17, 24 OCT 1, 15, 22, 29 NOV 5, 12, 19, 26 DEC 3, 10	\$312	<input type="checkbox"/>
<b>TUESDAY</b>	<b>4:30-6:00PM</b>	TUESDAY SEPT 18, 25 OCT 2, 9, 16, 23, 30 NOV 6, 13, 20, 27 DEC 4, 11	\$338	<input type="checkbox"/>
<b>WEDNESDAY</b> <b>TUMBLE CLASS</b>	<b>4:30-5:15PM</b>	SEPT 12, 26 OCT 3, 10, 17, 24 NOV 7, 14, 28 DEC 5, 12	\$198	<input type="checkbox"/>
<b>THURSDAY</b>	<b>4:30-6:00PM</b>	SEPT 13, 20, 27 OCT 4, 11, 18, 25 NOV 1, 8, 15, 29 DEC 6, 13	\$338	<input type="checkbox"/>
<b>FRIDAY</b>	<b>4:30-6:00PM</b>	SEPT 14, 21, 28 OCT 5, 12, 19, 26 NOV 2, 9, 16 DEC 7, 14	\$312	<input type="checkbox"/>
<b>SATURDAY</b>	<b>9:30-11:30AM</b>	SEPT 15, 22, 29 OCT 6, 13, 20, 27 NOV 3, 10, 17 DEC 8, 15	\$348	<input type="checkbox"/>
<b>SATURDAY</b> <b>TUMBLE CLASS</b>	<b>11:30AM-12:15PM</b>	SEPT 15, 22, 29 OCT 6, 13, 20, 27 NOV 3, 10, 17 DEC 8, 15	\$216	<input type="checkbox"/>

### WINTER SESSION 2019

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

**SPRING SESSION 2019**

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

Name: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ 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