

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!

SUMMER SESSION 2017

	Monday 5 pm - 7 pm \$28	Tuesday 5 pm - 7 pm \$28	Wednesday 5 pm - 7 pm \$28	Thursday 9 - 11 am \$28	Friday 9 - 11 am \$28
Week 1:	June 26	June 27	June 28	June 29	June 30
Week 2:				July 6	July 7
Week 3:	July 10	July 11	July 12	July 13	July 14
Week 4:	July 17	July 18	July 19	July 20	July 21
Week 5:	July 24	July 25	July 26	July 27	July 28
Week 6:	July 31	Aug 1	Aug 2	Aug 3	Aug 4
Week 7:	Aug 7	Aug 8	Aug 9	Aug 10	Aug 11
Week 8:	Aug 14	Aug 15	Aug 16	Aug 17	Aug 18
Week 9:	Aug 21	Aug 22	Aug 23	Aug 24	Aug 26

PRICES ARE PER CLASS. PLEASE CIRCLE CLASSES DESIRED

SUMMER TUMBLE 2017	Monday 4-5 pm	JULY 10, 17, 24, 31 AUGUST 7, 14, 21	\$126	<input type="checkbox"/>
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FALL SESSION 2017				
MONDAY CLASS	4:30 - 6:00 PM	SEPT 11, 18, 25 OCT 2, 16, 23, 30 NOV 6, 13, 20, 27 DEC 4, 11	\$338	<input type="checkbox"/>
TUESDAY CLASS	4:30 - 6:00 PM	SEPT 12, 19, 26 OCT 3, 10, 17, 24 NOV 7, 14, 21, 28 DEC 5, 12	\$338	<input type="checkbox"/>
WEDNESDAY TUMBLE CLASS	4:30 - 5:15 PM	SEPT 13, 20, 27 OCT 4, 11, 18, 25 NOV 1, 8, 15, 29 DEC 6, 13	\$234	<input type="checkbox"/>
THURSDAY CLASS	4:30 - 6:00 PM	SEPT 14, 28 OCT 5, 12, 19, 26 NOV 2, 9, 16, 30 DEC 7, 14	\$312	<input type="checkbox"/>
FRIDAY CLASS	4:30 - 6:00 PM	SEPT 15, 29 OCT 6, 13, 20, 27 NOV 3, 10, 17 DEC 1, 8, 15	\$312	<input type="checkbox"/>
SATURDAY CLASS	9:30 - 11:30 AM	SEPT 16, 30 OCT 7, 14, 21, 28 NOV 4, 11, 18 DEC 2, 9, 16	\$336	<input type="checkbox"/>
SATURDAY TUMBLE CLASS	11:30 - 12:15 PM	SEPT 16, 30 OCT 7, 14, 21, 28 NOV 4, 11, 18 DEC 2, 9, 16	\$216	<input type="checkbox"/>

WINTER SESSION 2018				
MONDAY CLASS	4:30 - 6:00 PM	JAN 8, 22, 29 FEB 5, 12, 26 MAR 5, 12, 19, 26	\$260	<input type="checkbox"/>
TUESDAY CLASS	4:30 - 6:00 PM	JAN 2, 9, 16, 23, 30 FEB 6, 13, 27 MAR 6, 13, 20, 27	\$312	<input type="checkbox"/>
WEDNESDAY TUMBLE CLASS	4:30 - 5:15 PM	JAN 3, 10, 17, 24, 31 FEB 7, 14, 28 MAR 7, 14, 21, 28	\$216	<input type="checkbox"/>
THURSDAY CLASS	4:30 - 6:00 PM	JAN 4, 11, 18, 25 FEB 1, 8, 15 MAR 1, 8, 15, 22	\$286	
FRIDAY CLASS	4:30 - 6:00 PM	JAN 5, 12, 19, 26 FEB 2, 9, 16 MAR 2, 9, 16, 23	\$286	<input type="checkbox"/>
SATURDAY CLASS	9:30 - 11:30 AM	JAN 6, 13, 20, 27 FEB 3, 10 MAR 3, 10, 17, 24	\$280	<input type="checkbox"/>
SATURDAY TUMBLE CLASS	11:30 - 12:15 PM	JAN 6, 13, 20, 27 FEB 3, 10 MAR 3, 10, 17, 24	\$180	<input type="checkbox"/>
SPRING SESSION 2018				
MONDAY CLASS	4:30 - 6:00 PM	APR 9, 16, 23, 30 MAY 7, 14, 21 JUNE 4	\$208	<input type="checkbox"/>
TUESDAY CLASS	4:30 - 6:00 PM	APR 10, 17, 24 MAY 1, 8, 15, 22, 29 JUNE 5	\$234	<input type="checkbox"/>
WEDNESDAY TUMBLE CLASS	4:30 - 5:15 PM	APR 11, 18, 25 MAY 2, 9, 16, 23, 30 JUNE 6	\$162	<input type="checkbox"/>
THURSDAY CLASS	4:30 - 6:00 PM	APR 12, 18, 26 MAY 3, 10, 17, 31 JUNE 7	\$208	
FRIDAY CLASS	4:30 - 6:00 PM	APR 13, 20, 27 MAY 4, 11, 18 JUNE 1, 8	\$208	<input type="checkbox"/>
SATURDAY CLASS	9:30 - 11:30 AM	APR 14, 21, 28 MAY 5, 12, 19 JUNE 2, 9	\$224	<input type="checkbox"/>
SATURDAY TUMBLE CLASS	11:30 - 12:15 PM	APR 14, 21, 28 MAY 5, 12, 19 JUNE 2, 9	\$144	<input type="checkbox"/>

Name: _____

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