



2022 FALL REGISTRATION

Aug 22nd – Dec 19th

Payment: \$ _____

Check/Cash: # _____

Parents Name: _____

Email Address: _____

Address: _____ City _____ State _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Information: (Other Than Parent/Guardian)

Name: _____ Relation to Student: _____

Primary Phone: _____ Secondary Phone: _____

Student #1

Name: _____ Age: ____ DOB: __/__/__ M / F

Any Medical Conditions : _____

Day and Time of Class : _____

Student #2

Name: _____ Age: ____ DOB: __/__/__ M / F

Any Medical Conditions : _____

Day and Time of Class : _____

Student #3

Name: _____ Age: ____ DOB: __/__/__ M / F

Any Medical Conditions : _____

Day and Time of Class : _____

Please make checks payable to: **Rice City Gymnastics**

Fall Registration for Students: **\$25.00** ___ **\$35.00(Family)** ___

Fall Monthly Tuition: **\$75.00** ___ **Other** _____

The entire session is \$325.00 (Per Student)

You are responsible for payment of the entire session.

SESSION IN FULL

\$300.00 (1) ___ \$560.00 (2) ___ \$820.00 (3) ___ \$1080.00 (4) ___

Please sign: x _____