



2022 Spring REGISTRATION

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 : _____

Monday @ _____ Tuesday @ _____ Wednesday @ _____ Thursday @ _____

Student #2

Name: _____ Age: _____ DOB: ___/___/___ M / F

Any Medical Conditions : _____

Monday @ _____ Tuesday @ _____ Wednesday @ _____ Thursday @ _____

Student #3

Name: _____ Age: _____ DOB: ___/___/___ M / F

Any Medical Conditions : _____

Monday @ _____ Tuesday @ _____ Wednesday @ _____ Thursday @ _____

Please make checks payable to: **Rice City Gymnastics**
Spring Registration for Students: **\$25.00** ___ **\$35.00(Family)** ___
Spring Monthly Tuition: **\$75.00** ___ **Other** _____

You are responsible for payment of the entire session.

SESSION IN FULL

\$375.00 (1) ___ **\$700.00 (2)** ___ **\$1010.00 (3)** ___ **\$1335.00 (4)** ___

Please sign: x _____