

**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 @\_\_\_\_\_\_\_\_\_\_**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2021 Fall REGISTRATION**

**Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Check/Cash: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please make checks payable to: **Rice City Gymnastics**Fall Registration for Students: **$25.00 \_\_\_\_\_ $35.00(Family)** \_\_\_\_\_

Fall Monthly Tuition: **$75.00 \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_  
You are responsible for payment of the entire session.**

\*SESSION IN FULL\*

**$300.00 (1) \_\_\_ $565.00 (2)** \_\_\_ $**805.00 (3) \_\_\_ $1065 (4)\_\_\_\_**

**Please sign: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**