



# 2022 Summer Registration

Payment: \$ \_\_\_\_\_ Method: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contact Information: (Other Than Above)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell 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**

Summer Tuition: **\$150** \_\_\_\_\_ Each Additional **\$145** \_\_\_\_\_

THE ENTIRE SESSION MUST BE PAID IN FULL UPON REGISTERING.