



New Student Registration Form

Child's Name _____ Age _____ Date of Birth _____

Address _____

City/Town _____ State _____ Zip _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Email: _____

Please list any information you feel we should know regarding your child and his/her health, safety and welfare.

The tuition at Interstate is based on an annual fee that is broken into equal payments for your convenience (9/dance, 10/gym).

Waiver and release: By signing below, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a gymnastics event. I further agree that Interstate Gymnastics, Inc. along with the employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of my child's participation in this event. I also grant permission to Interstate Gymnastics, Inc. to use my child's photograph and personal information for promotional purposes.

Signature of Parent/Guardian _____ Date _____