2008 Summer Class Registration Form

All students must be registered and paid in full prior to class. Classes are subject to change or may be cancelled based on enrollment. Sorry, we cannot accept walk-ins because of staff scheduling concerns. Sorry, **no make-ups**.

Please Check Box

□**Tiny Tots** (18 mo.-3 yrs) □ **Pre School** (3- under 5 yrs) □ **School age** (5-12 yrs)

□ **Ballet/Gym** (3- under 5 yrs) □ **OTHER**_____

NAME OF STUDENT_____AGE/D.O.B._____

CLASS DAY_____CLASS TIME_____

Please circle which day(s) you will attend:

Week 1:	Mon.	Tues.	Wed.	Thurs.	Sat.
June 23rd-June 28th	23	24	25	26	28
Week 2:	Mon.	Tues.	Wed.	Thurs.	Sat.
June 30th- July 5th	30	1	2	3	5
Week 3:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 7th – 12th	7	8	9	10	12
Week 4:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 14th – 19th	14	15	16	17	19
Week 5:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 21st - 26th	21	22	23	24	26
Week 6:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 28th – Aug. 2nd	28	29	30	31	2
Week 7:	Mon.	Tues.	Wed.	Thurs.	Sat.
August 4th – 9th	4	5	6	7	9
Week 8:	Mon.	Tues.	Wed.	Thurs.	Sat.
August 11th -16th	11	12	13	14	16

Parent/Guardian_____Telephone #_____

Address_____City_____State_____Zip_____

Email_____

I certify that the participant(s)is free of any mental or physical disabilities and is able to participate in the program without any restrictions. It is the policy of T.D.G.M.G., Inc. that the applicant provides and uses his/her own medical insurance for the benefit of the participant. Gymnastics, self-defense/martial arts and physical activities involve flight, motion and rotation and, as such, carry with it a reasonable assumption of risk. It is understood that T. D. G. M. G., Inc. is neither responsible nor liable for injuries, loss of personal property or damaged property that may occur as a result of participation in the program. The applicant agrees to indemnify and hold T.D.G.M.G., Inc. harmless from and against any claims, losses, liabilities and damages (including attorney's fees and costs) arising out of or resulting from the participant's participation in the program, except to the extent caused by the sole negligence of T. D. G. M. G., Inc. I have read the application and brochure and understand all the policies set forth therein. Make checks payable to T.D.G.M.G. Inc.

*Signature*_____*Date*_____

Amount Paid: _____

Full Payment Due at Registration