

2009 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)
- 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 29 th -July 2 nd	29	30	1	2	X

Week 2:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 6 th - July 11 th	6	7	8	9	11

Week 3:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 13 th – 18 th	13	14	15	16	18

Week 4:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 20 th – 25 th	20	21	22	23	25

Week 5:	Mon.	Tues.	Wed.	Thurs.	Sat.
July 27 th - Aug 1 st	27	28	29	30	1

Week 6:	Mon.	Tues.	Wed.	Thurs.	Sat.
Aug. 3 rd – 8 th	3	4	5	6	8

Week 7:	Mon.	Tues.	Wed.	Thurs.	Sat.
August 10 th – 15 th	10	11	12	13	15

Week 8:	Mon.	Tues.	Wed.	Thurs.	Sat.
August 17 th -20 th	17	18	19	20	21

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