



# Limestone Girls Club Fliptastic Gymnastics

## Spring 2010 Tumbling Registration

Returning Student Registration: March 8-12 New Student Registration: March 15-19

Classes will be held weeks of March 29-May 17

### Payment and Fee Information:

\*\$80 per student per 8 week session \*\$40 per additional child per family in same household. All students must have a current 2010 annual membership. Membership fees are \$25 per calendar year.

*Fliptastic gymnastic t-shirts are available for purchase at \$10 each. Must be pre-paid.*

### Please check class time student is registering for:

- \_\_\_ Monday 4-5PM (Laurie LaVonne)
- \_\_\_ Monday 5-6PM (Angie Tidd-Ashely Montgomery)
- \_\_\_ Monday 6-7PM (Angie Tidd-Ashely Montgomery)
- \_\_\_ Monday 7-8PM (Angie Tidd-Ashely Montgomery)
- \_\_\_ Monday 8-9PM (Angie Tidd-Ashely Montgomery)
- \_\_\_ Tuesday 10:00-11:00AM (Laurie LaVonne)
- \_\_\_ Wednesday 4-5PM (Laurie LaVonne)
- \_\_\_ Thursday 5:30-6:30PM (Laurie LaVonne)
- \_\_\_ Thursday 6:30-7:30PM (Laurie LaVonne)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_-\_\_\_-\_\_\_ Grade \_\_\_\_\_ Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_-\_\_\_-\_\_\_ Cell Phone Number \_\_\_-\_\_\_-\_\_\_

Email \_\_\_\_\_ Circle Shirt Size **only** if purchasing: ys ym yl ysl AS AM AL

Medical Condition or Allergies \_\_\_\_\_ **Registrations are not taken by phone**

I \_\_\_\_\_, the parent/legal guardian of above registered student understand that as with any athletic program there are certain risks of injury. I understand the Girls Club will take every precaution and provide safe facilities and instructors for my child and will hold blameless the Limestone Girls Club, any employee or instructor of this program in the unlikely event that my child is injured.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only** \$25 2010 Membership Fee Paid \_\_\_\_\_ \$80 Tumbling Fee Paid \_\_\_\_\_ Partial Tumbling Fee Payment Made \_\_\_\_\_

Receipt # \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card Type \_\_\_\_\_

Payment arrangements requested \_\_\_\_\_ Staff Initials \_\_\_\_\_