

# Registration Form

## Student Membership Information:

Date: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ (M)\_\_(F)\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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

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

Student's E-mail: \_\_\_\_\_

## Parent or Guardian Information:

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list medical conditions, allergies, physical limitations, past injuries: \_\_\_\_\_

How did you hear about our center? \_\_\_\_\_

### CLASS INFORMATION:

#### PAYMENT OPTIONS:

**Discounted Payment Program with Electronic Funds Transfer (EFT) from your checking account.**

**Monthly tuition includes 4 classes, pay monthly with check, credit/debit.**

SIBLINGS PAY THE "ADDITIONAL" CLASS PER WEEK FEE.

**Please sign the back of this form.**

Fees and policies are listed on page 7.

CLASS	DAY	TIME	Session Dates	AGE	FEE

Card# \_\_\_\_\_

Total Amount Classes \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Total Amount Charged: \_\_\_\_\_

Registration Fee \_\_\_\_\_ **\$20.00**

Signature: \_\_\_\_\_

Total Amount Due \_\_\_\_\_

Please make checks payable to **Perpetual Motion**. Submitting this application with payment for classes acknowledges your acceptance of all payment, refund and insurance policies at Perpetual Motion Gymnastics.

**Mail to:** OR  
1452 E Brown School Rd  
Maryville, TN 37804

**Fax to:**  
865-984-9974

**Phone for more information:**  
865-984-1253

