



Registration Form

Family Name: _____

Parent First Name: _____ Last Name: _____

Parent First Name: _____ Last Name: _____

Phone: _____ Cell Phone: _____ Email: _____

Address: _____

Name Of Emergency Contact: _____ Phone: _____

Student # 1 First Name: _____ Last Name: _____ DOB: _____

Male or Female Student Email: _____ Class Code: _____

Student # 2 First Name: _____ Last Name: _____ DOB: _____

Male or Female Student Email: _____ Class Code: _____

Student # 3 First Name: _____ Last Name: _____ DOB: _____

Male or Female Student Email: _____ Class Code: _____

Payment Method

_____ Auto-Pay Saver Plan - Receive \$3.00 off per month! Your monthly tuition is automatically drafted from your credit card or bank account. Just supply us with your credit card information or simply attach a voided check.

I authorize Lakewood Gymnastics to charge my credit card or bank account, my family's monthly tuition on the first of each month beginning _____ and ending May 1st, 2011.

Credit Card Type: Visa or Master Card (Please circle) Number: _____

Expiration Date: ____/____ Code: _____ Name as it appears: _____

Signature: _____ Date: _____

If Bank Account - Please attach Voided Check

_____ In Advance Saver Plan - Pay 5 months in advance and receive same savings at Auto-Pay

_____ Monthly - Pay full price by the 10th of each month. Fees paid after the 10th will be assessed a \$10.00 late fee.

I agree to the terms stated in the above payment method that I have chosen. I also understand that a 30 day written notice is required to withdraw my child/children from classes at Lakewood Gymnastics. I understand that an official withdraw form can be obtained at the front desk in the Lakewood Lobby.

Signature: _____ Date: _____