



☐ NEW STUDENT

☐ RETURNING STUDENT

Month of Session / Dates of Session: _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Student Phone _____

Date of Birth _____ / _____ / _____ Age _____ Sex _____

Emergency Contact Name _____

Relationship _____ Phone _____

SESSION INFORMATION: New sessions start every month!

<u>PROGRAM (CIRCLE)</u>	<u>AGES</u>	<u>SESSION PRICE</u>
PRESCHOOL	3-5	\$36
RECREATION	5+	\$44
TUMBLING	6+	\$44
LEVELS	5+	\$72
COMPETITIVE TEAM	5+	-TBD-

(PLEASE READ)

Agreement to Terms & Waiver of Liability

- I understand that registering reserves a spot in the gymnastics program. Because space is limited and instructors contracted, cancellations cannot be refunded.
- I understand that missed lessons cannot be made up, and refunds are not issued.
- I understand that I and/or my child may be photographed and/or filmed while participating in Family Fitness Works programs and that the photographs or video images may appear in marketing or educational materials.
- I agree to assume all liability for my child/children while attending any program managed by Family FitnessWorks, Rec Plex and/or Indiana FitWorks Gymnastics. I further agree to hold harmless Family FitnessWorks, Rec Plex and Indiana FitWorks Gymnastics or any of its officers, agents, employees or assigns for any complications or injury that may result to my child/children or to me while at Family FitnessWorks.
- I understand that Family FitnessWorks reserves the right to cancel any program and to change fees where applicable.
- I agree to adhere to Family FitnessWorks rules, policies and procedures.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date ____ / ____ / ____

REGISTRATION PAYMENT (Completed by FFW Staff)

Payment Date ____ / ____ / ____ Staff Member _____

Payment Amount (See Session Prices): \$ _____

Method of Payment: Cash Check # _____ Credit Card

Be sure to attach printed receipt to this form

REGISTRATION CONFIRMATION (Completed by IFG Director)

IFG Director _____ Date ____ / ____ / ____

Notes:

Family FitnessWorks | 213 North 3rd Street, Richmond, IN 47374 | 765.935.9191
 FFW Aquatics | 900 South L Street (Hibberd School) Entry South J Street Door #6
 FFW--Liberty | 225 South Main Street, Liberty, IN 47353 | 765.458.9111
 FFW Express, Rec Plex & FitWorks | 600 Commerce Road, Richmond, IN 47374