JOHN PANCOTT GYMNASTICS CENTER
284 LANCASTER AVENUE -MALVERN, PA 19355
(610) 647-9847 www.pancottgymnastics.com

Mother's Last Name: _____First Name: _____Occupation:_____

Father's Last Name: _____ First Name:_____ Occupation:_____

Address _____ City _____State _____Zip_____

Phone (home) _____ (cell) _____ Email:_____

Child's Last Name:_____ First Name:_____B-day_____Age_____Sex____

Child's Last Name:_____ First Name:_____B-day_____Age_____Sex____

Child's Last Name:_____ First Name:_____B-day_____Age_____Sex____

Emergency Contact_____ Phone_____

Family Doctor_____ Phone_____

CLASS INFORMATION

Mom & Tot	Day_____	Time_____
Tiny Tots	Day_____	Time_____
Super Tots	Day_____	Time_____
Girls Lv1,11,111	Day_____	Time_____
Boys Beg /Adv	Day_____	Time_____
Cheerleaders	Day_____	Time_____
Trampoline	Day_____	Time_____

PAYMENTS

Tuition for First Child……..$_____

$10.00 discount for each additional child……...$_____

$25.00 annual fee per child (do not include in discount)……...$_____

Total Enclosed…….....$_____

Check #_____Date_____Amount_____

REQUIREMENTS FOR ENROLLMENT

1. **Registration Form must be completed and signed by parent.**
2. **A $25 non-refundable Membership Fee and Class tuition must be included with this form.**
3. **Please Read Policies and Procedure carefully. Your signed Registration Form acknowledges that you have read and understand them.**

NO ONE WILL BE ENROLLED
WITHOUT ALL OF THE ABOVE

RELEASE for gymnastic classes, team, open gym, parties, overnights, cheerleading and special events: I hereby for myself, my children, adopted or otherwise, my heirs and executors waive and release any and all rights and claims for damages that I may have at any time against Pancott Gymnastics Centers, their agents or representatives; for any injury or damages that may be suffered by me, my child adopted or otherwise, in connection with my association or entry in gymnastics, or any other activities or classes sponsored by Pancott Gymnastics Centers. I realize before entering myself, or my child/children into such a program, class, or event, that there is an element of risk involved. It is important that you and/or your child/children are in good health and that no past illness or injury could be complicated by physical exercise. Since you, your child/children are exercising and/or doing gymnastics at your own risk, and Pancott Gymnastics Centers assumes no responsibility, you are advised to consult your physician if any doubt exists.

_____ _____

Date Signature of Parent or Guardian

_____ _____

Date Adult Student Signature(over 18 years)