



Where LEARNING & FUN become ONE!

Cheerleading & Tumbling Training Center



222 Mill Street Greenwich CT 06830 (203) 531-ZONE

2018/2019 CLASS REGISTRATION

Last Name _____ Home Phone # _____

1st Child _____ (First Name) _____

Age _____ D.O.B. _____ Email: _____

1st	2nd
Class _____	Class _____
Day & Time _____	Day & Time _____

2nd Child _____ (First Name) _____

Age _____ D.O.B. _____ Email: _____

1st	2nd
Class _____	Class _____
Day & Time _____	Day & Time _____

3rd Child _____ (First Name) _____

Age _____ D.O.B. _____ Email: _____

1st	2nd
Class _____	Class _____
Day & Time _____	Day & Time _____

Parent Email: _____

Address _____ Town _____ Zip _____

Mother's Name _____ Occupation _____ Work# _____

Father's Name _____ Occupation _____ Work# _____

Mother's Cell/Pager# _____ Father's Cell/Pager# _____

In case of emergency, please call _____ Phone # _____

(see reverse side)

**REGISTRATION/
MEMBERS HIP
FEE OF \$50.00
PER STUDENT or
\$75.00 PER FAMILY**
(Fee is due upon registration
and is non-refundable)

Please make checks payable to Spirit Zone

1st Child Start Date ____/____/____ 2nd Child Start Date ____/____/____ 3rd Child Start Date ____/____/____

All fees are to be paid in full before participating in class. All fees are NON-REFUNDABLE.

As a parent or guardian of the student, I hereby give permission for my child to participate in the Spirit program(s) held at the Spirit Zone Cheerleading Training Center. I understand that in any activity, such as cheerleading, dance or tumbling, there is an inherent risk, in which minor, serious or catastrophic injuries or death can occur. I acknowledge and understand these risks involved for my daughter/son to participate in this activity and I assume those risks. I further agree to hold harmless, the Spirit Zone Cheerleading Training Center, its affiliates, coaches, students, and all associated officers for any injury or sickness sustained as a result of my daughter's/son's participation in this activity. The Spirit Zone Cheerleading Training Center provides the maximum in safety procedures.

You further acknowledge and agree that: (1) you are registering the participant for teams or classes and agree to make the payments as set forth in this agreement; (2) you and the student will faithfully comply with all rules and regulations of the association; (3) failure to complete or attend the classes does not relieve you of your obligation to pay the tuition in full; (4) a late payment fee of 10% will be charged against any payment not received within 5 days of its respective due date; (5) all expenses associated with collecting your past due balance owed to Spirit Zone will be assumed by you (ei. attorney fees, collection agency); (6) a \$25.00 fee will be assessed against all returned checks; (7) there is no refund of any payments after the first class has started; (8) registration fees are non-refundable; (9) the association may use my and/or the student's name, picture or likeness in any advertisement or promotion for the association in any form.

All participants in our programs are to have a physical exam or a discussion with their physician prior to physical activity. Please advise us in writing if the participant suffers from allergies, asthma or any ailments, which may impair their ability, otherwise you are representing to us that the participant is physically fit to participate in our programs. In the event that you cannot be reached in an emergency, you hereby give permission to your family physician, any local physician, or hospital and to the Spirit Zone Cheerleading Training Center to administer emergency treatment to your child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Social Security No. _____

Participant Signature _____ Date _____

Referred or recruited by: _____

POLICIES

Fees for team or classes is only accepted with the non-refundable \$50 per student or \$75 per family registration fee.

Second child receives a 10% discount, third child receives a 20% discount. This registration fee is good for one year from the date it is paid.

Class tuition is based on a 12 week session. Some sessions will be less than 12 weeks depending on closings. Tuition is payable upon registration or before the first class of each session in order for a participant to take part in classes.

Makeup Classes. Two makeup classes are allowed in a 12 week session. Classes must be scheduled with the office ahead of time and **must be made up during the session in which they are missed.** Holiday and gym closing are worked into the class tuition.

Attire . Students are to wear shorts and t-shirts for tumbling classes and/or leotards for gymnastics. Hair should be securely tied back and out of the face. No jewelry is allowed.

Cancellations. In case of inclement weather please check News 12 Connecticut for closings. We are listed as the "Spirit Zone Too". You can also check our website at www.spiritzonetoo.com. Cancellations will be made up at scheduled times to be determined by the Spirit Zone.

Additional. Information More information regarding the center or our program offerings can be obtained by logging on to our website at www.spiritzonetoo.com

MEDICAL INFORMATION

Physician _____ Phone No. _____

Address _____ State _____ Zip Code _____

Primary Medical Insurance Carrier _____

Name of Insured (Participant) _____

Main Policy Holder _____

Policy # _____ Phone No. _____

Hospital Preference _____ City _____