Summer 2019 Registration/Release Form

No student will be allowed to participate in any class at TNT if this form has not been filled out and signed. Form must be filled out completely (front & back) to complete registration process.

_ Name of Sun	nmer Program	·		
State		Zip Code		
Cell	Phone			
	Cell/Work	Representation of the Phone		
Cell/Work Phone				
	Phone			
OGRA	MS			
y) uly 8th	(Co-ed) _ Week of July	y 15th	_	
ion) =				
Γ 7/23 W 7/2	24 TH 7/25	F 7/26		
+ \$25	.00 (if new reg	gistration) =		
3 & 4 yrs	Girls 5-'	7 yrs	_ (T & TH)	
yrs	(W & F) B	oys 8 & up	(W & F)	
on) =				
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Medical Information

Doctor:	Phone#:
Preference of hospital:	
Any Medical Conditions:	
Food or other allergies:	
Gymnastics. The Nutmeg Twisters has n care. I, by my signature as parent or lega certain risks and hazards involved in part Nutmeg Twisters Gymnastics L.L.C or the contract of the contract o	rmission to participate in activities at The Nutmeg Twisters my permission in case of an emergency to give or call for medical l guardian, acknowledge, agree, and understand that there are ticipating in any sport. I, discharge, and agree not to sue the heir owners, agents, employees for any claim, damages cost or me future have as a result of injuries or damages sustained by my
To receive any early bird discounts, F the discount period. No exceptions wit	TULL payment must be received at time of registration during ll be made.
	en for any reason for any summer programs and/or register a child for a summer program, they own that to this policy.
	r programs are NON-REFUNDABLE under all
<u>circumstances.</u>	
By signing below, I have read and agree Nutmeg Twisters Gymnastics, LLC.	ee to all terms stated above that are presented by
Signature of parent/guardian:	
Printed name of parent/guardian:	