

World Class Gymnastics

343 Bell King Rd. Newport News, VA 23606

757-881-9920 www.worldclassgym.com

REGISTRATION FORM *for the period of September 2025-August 2026*

Student's FIRST Name _____ LAST _____

Student's Age: _____ Birthdate: ____/____/____ New to WCG? Yes No

Parent/Guardian's name _____

Phone (1) _____ - _____ - _____ Phone (2) _____ - _____ - _____

Address _____

Email address _____

Emergency Name/Phone _____

Class _____ Day _____ Start Time _____ :

Class _____ Day _____ Start Time _____ :

Class _____ Day _____ Start Time _____ :

Consent and Release Form

By giving my child permission to participate in gymnastics at **World Class Gymnastics**, I acknowledge that any activity involving height and motion (such as gymnastics) involves the risk of injury, ranging from minor injuries (such as bruises and sprains) to serious and even catastrophic injuries, (such as permanent paralysis, or even death). I hereby release **World Class Gymnastics**, their officers, owners, employees, and agents from any and all claims for damages to persons or property, which might arise as a result of an accident and/or illness occurring while my child is participating in the **World Class Gymnastics** program. I hereby state that I have read and understand the above release and agree to comply with the requirements and regulations of the school. I agree to allow **World Class Gymnastics** to use my child's picture, image, and/or likeness.

Parent/Guardian signature _____ Date ____/____/____

Tuition Payment Guarantee

I hereby guarantee payment of all tuition costs for the student registered to **World Class Gymnastics** for the period of their enrollment in gymnastics instruction. Tuition payments are due the 1st of the month but not considered late until after the 10th of each month. Payments made after the 10th of the month must include a \$15 late fee. If tuition is delinquent by 45 or more days, the student will not be permitted to participate in class. Any checks returned for nonpayment are subject to a minimum of a \$25 fee.

Parent/Guardian signature _____ Date ____/____/____

THIS PAGE FOR OFFICE USE ONLY:

FIRST MONTH

First class date: ____/____/____ completed by _____

Balance due at the second class. Payment in cash or check only. Balance includes the first class.

Tuition: Number of classes in month ____ @ \$ ____ = \$ ____

Tuition sibling: Number of classes in month ____ @ \$ ____ = \$ ____

Registration fee \$70/child or \$95/family = \$ ____

Total due at the second class for first month tuition & registration = \$ ____/____/____

SUBSEQUENT MONTHS

Tuition is due on the 1st of the month but not considered late until after the 10th of the month.

Normal tuition: starting the month of ____ = \$ ____

Grand total if first and second month tuition are combined = \$ ____

Total Payment received received by _____

\$ ____ check # ____ or cash ____ on ____/____/____

Registration fee paid \$70 \$95 \$25 \$ ____

Tuition included in payment \$ ____ for ____

NOTES:

SIBLING? _____