



"Shaping Kids For The Future"

REGISTRATION FORM

* SUMMER CAMP *

5 NORTHWEST DRIVE
 PLAINVILLE, CT 06062
 TEL # (860) 793-1616
 (Farmington Town Line - off Rt. 10)
 FVGandMore.com

Parent/Gaurdian _____ Phone # _____

Address _____ Town _____ Zip Code _____

1st CHILD
 NAME _____ AGE _____

2nd CHILD
 NAME _____ AGE _____

#	MON		TUES		WEDS.		THURS		FRI.		#	MON		TUES		WEDS.		THURS		FRI.	
Week	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Week	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

MEDICAL CONDITION OR ALLERGIES WE SHOULD BE AWARE OF: _____
 (INCLUDING FOOD) _____

1st Child # of Days/Wks _____ X \$ _____ = \$ _____
 2nd Child # of Days/Wks _____ X \$ _____ = \$ _____

Please up-date address / Phone # changes: _____

PARENTS SIGNATURE: _____ DATE _____

REG FEE \$ _____
 Discounts \$ _____
 TOTALS \$ _____
 DEPOSIT \$ _____
 BAL. DUE \$ _____

Please check if extended care is needed (Please see back page) \$ _____
 CELL PHONE # _____

Office only / Form of payment _____

FOR NEW STUDENTS PLEASE FILL OUT MAIN REGISTRATION FORM AND ATTACH THIS FORM TO IT

Main registration form is page 2

Fill out form below and save your records

FARMINGTON VALLEY GYMNASTICS & MORE, LLC * 5 NORTHWEST DRIVE * PLAINVILLE * TEL # 860-793-1616

Extended Care Sign-Up

Am Time: 12:00pm - 1:00pm

Pm Time: Extend the Day For \$10 per hour / per day

Child Name _____

#	MON		TUES		WEDS.		THURS		FRI.		Total Price:	
Week	AM	PM	Time	AM	PM	Time	AM	PM	Time	AM		PM
												\$
												\$
												\$
												\$
												\$

Child Name _____

#	MON		TUES		WEDS.		THURS		FRI.		Total Price:	
Week	AM	PM	Time	AM	PM	Time	AM	PM	Time	AM		PM
												\$
												\$
												\$
												\$
												\$

* SUMMER CAMP *



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Date Due _____ Balance Due \$ _____

* Full Week: Reserve your spot now with a \$25.00 non-refundable deposit due at the time of registration.
 * Balance due two weeks before camp week or sooner.
 * No refunds or make-up days allowed for days missed

MAIN REGISTRATION FORM



5 Northwest Drive
 Plainville, CT 06062
 Tel: 860.793.1616
 Fax: 860.793.1717
 FVGandMore@gmail.com

STUDENT INFORMATION

Home Phone (____) _____	Mom/Guardian _____	Cell (____) _____
Address _____	Occupation/WorkPlace _____	Work (____) _____
Town _____ Zip _____	Dad/Guardian _____	Cell (____) _____
Emergency Contact Other than Parent _____	Occupation/WorkPlace _____	Work (____) _____
Emergency # (____) _____		Relationship to Child _____
Email _____ Medical conditions/allergies we should be aware of (including food): _____		
1st Child's Name _____	Sex _____ Age _____	DOB ____/____/____
2nd Child's Name _____	Sex _____ Age _____	DOB ____/____/____
Insurance Co. _____	Insurance # _____	

Program Info: Fall ____ Winter ____ Spring ____ Sum Sess ____ Camp ____ Open Gym ____ Other ____

1st Child
 1st Choice: Program: _____ Grade: _____ Day: _____ Time: _____
 2nd Choice: Program: _____ Grade: _____ Day: _____ Time: _____

2nd Child
 1st Choice: Program: _____ Grade: _____ Day: _____ Time: _____
 2nd Choice: Program: _____ Grade: _____ Day: _____ Time: _____

PAYMENT INFORMATION

Annual Registration Fee: \$20.00 individual / \$30.00 Family Fee / \$10 Summer Camp Only	\$ _____
1st Child - Tuition	\$ _____
2nd Child - Tuition (5% off second family member)	\$ _____
Registration Fee Non-transferrable or refundable Deposits Non-transferrable or refundable No refunds after second class 10% processing fee for refunds or credits	Total \$ _____ DEPOSIT \$ _____ BAL. DUE \$ _____
Payment Options: Checks, Cash, (preferred form of payment) Debit, Master Card, Visa & Discover also accepted \$30 Return Check Fee	

ASSUMPTION OF RISK * WAIVER OF LIABILITY * MEDICAL AUTHORIZATION * PHOTO RELEASE

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I hereby give consent for my child(ren)) and I to participate in any and all Farmington Valley Gymnastics & More, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my child(ren) and I participation I hereby, for myself and my child(ren) and our heirs and successors, Covenant Not to Sue and forever release Farmington Valley Gymnastics & More, LLC its officers, directors, employees, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Farmington Valley Gymnastics & More, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Farmington Valley Gymnastics & More, LLC.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Farmington Valley Gymnastics & More LLC publicity and advertising.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION and PHOTO RELEASE and I voluntarily affix my name in agreement.

Parent/Legal Guardian:

Print Name _____

Date _____

Signature _____

How did you hear about us? _____

Office only / Form of payment _____ / /