

# PHANTOM gymnastics, LLC

P.O. Box 986  
Hampstead, NH 03841  
(603) 329-9315



Registration Form  
(please print clearly)

Date \_\_\_\_\_

_____	_____	_____	
Student's Name (Last, First)	Birth date	Age (as of 9/1)	
_____	_____	_____	
Student's Name (Last, First)	Birth date	Age (as of 9/1)	
_____	_____	_____	
Student's Name (Last, First)	Birth date	Age (as of 9/1)	
_____	_____	_____	
Street Address (for billing)	City/Town	State	Zip Code
_____	_____	_____	_____
Father's Name (Last, First) (Guardian)	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
Mother's Name (Last, First) (Guardian)	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
Email Address 1	(please print clearly!)	Email Address 2	_____

\_\_\_\_\_

Emergency Contact (other than parent)	Relationship	Emergency Phone #
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\_\_\_\_\_

Physician	Physician's Phone #	Medical Ins. Provider & Policy
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Any Allergies, physical, medical, or emotional conditions that we should be aware of or that prohibits full gymnastics activities? (This confidential information will enable our staff to better meet the specific needs of your child.)  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

I agree that an authorized representative of Phantom Gymnastics (instructor, coach, owner) has my permission to render temporary first aid to my child in the event of any injury or illness. If deemed necessary, Phantoms' representative may call your doctor and may seek medical help, including transportation to any health care facility or hospital, by a staff member or its representative, whether paid or volunteer, or calling an ambulance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Fee** (annual Sept – Sept.) # of students \_\_\_\_\_ \$40 per student/\$60 family \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ **Student 1** (first name) \_\_\_\_\_ Class/day/time

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ **Student 2** (first name) \_\_\_\_\_ Class/day/time Session Fee Less Discount 15% Discounted Session Fee

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ **Student 3 or \*additional class** Class/day/time Session Fee Less Discount 15% Discounted Session Fee

\*A 20% discount is allowed for the same student taking an additional class.

**Total Payment Due** \$ \_\_\_\_\_

Your child(ren) will automatically be enrolled into their same class for future sessions (Winter & Spring) within the school year. Future session fees will be invoiced, or charged to your credit card, payable two weeks in advance of the start of the session. I understand and agree to the terms of enrollment.

\*We prefer check, but will accept credit cards.

Check # \_\_\_\_\_ OR

Charge my credit card

Check Credit Card Type

Visa

MasterCard

Credit Card Account # \_\_\_\_\_ Expires \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

We Invoice via E-mail. If this creates a problem for you, please check below:

I am unable to be invoiced via e-mail.

How did you hear about us?

Drive by

Friend \_\_\_\_\_ (let us know who, so we can thank them!)

Newspaper Advertisement

Coupon

Other \_\_\_\_\_