



Sterling Academy of Gymnastics & Dance

Sterling Martial Arts

www.sterlinggym.com / www.sterlingmartialarts.com

15 Industrial Drive • Sterling, MA 01564 • 978-422-ROLL • Fax: 978-422-7892



2011-2012 Registration Form

PLEASE PRINT

Parent / Legal Guardian _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____

Emergency Contact Name & Phone (other than yourself) _____

Alternate Billing Party Name _____ Phone _____

Caretaker / Nanny _____ Phone _____

Student 1

Name _____

D.O.B. ____ / ____ / ____ Age _____ M / F

Health History

(Please check all that apply)

Allergies ___ Asthma ___ Diabetes ___ Convulsions ___

Epilepsy ___ Heart Disease ___ Frequent Ear Infections ___

Frequent Headaches ___ Hearing or Sight Impairment ___

Allergic to Insect Stings ___ EpiPen _____

Food Allergies _____ On Medication regularly _____

Learning Challenge _____ Physical Challenge _____

Does this student have any present physical or other limitations or restrictions? If so, please explain: _____

*****For Office Use Only*****

Gym _____ Dance _____ Karate _____ Camp _____

Class Code _____ Trial Date _____

BB Sit _____ RAD _____ Swim _____

STERLING Gym



Student 2

Name _____

D.O.B. ____ / ____ / ____ Age _____ M / F

Health History

(Please check all that apply)

Allergies ___ Asthma ___ Diabetes ___ Convulsions ___

Epilepsy ___ Heart Disease ___ Frequent Ear Infections ___

Frequent Headaches ___ Hearing or Sight Impairment ___

Allergic to Insect Stings ___ EpiPen _____

Food Allergies _____ On Medication regularly _____

Learning Challenge _____ Physical Challenge _____

Does this student have any present physical or other limitations or restrictions? If so, please explain: _____

*****For Office Use Only*****

Gym _____ Dance _____ Karate _____ Camp _____

Class Code _____ Trial Date _____

BB Sit _____ RAD _____ Swim _____

I hereby enroll the above named student(s) in Sterling Academy of Gymnastics & Dance and Sterling Martial Arts. I recognize that any activity involving height or motion can create the possibility of injury. I also understand that gymnastics, dance, martial arts, rock climbing, swimming and cheering are inherently dangerous activities and that injury, or even death, may occur. I waive and release any and all injuries and damages suffered by enrollees in connection with the program. If for any reason, I myself enter the gym / studio areas, I waive and release any and all injuries and damages suffered as a result. My signature is my indication that I have read, understand, and agree to comply with all the rules, regulations, and policies of the Sterling Academy of Gymnastics & Dance and Sterling Martial Arts.

I also understand the make-up policy regarding students enrolled in any programs at Sterling Gym. I understand if the above named student(s) are absent for 2 consecutive weeks, and tuition payment has not been received and Sterling Academy is not notified, the reserved class day and time for the student(s) will be forfeited. In an effort to maintain the integrity of these programs, Sterling Academy reserves the right to terminate any student's enrollment at any time. My signature is my indication that I have read, understand, and agree to comply with all the rules, regulations, and policies of Sterling Academy of Gymnastics & Dance, Sterling Martial Arts, and all related programs.

Please complete other side.

Signature of Parent / Legal Guardian _____ Date _____

***** For Office Use Only *****

Date ____ / ____ / ____ Start Date ____ / ____ / ____ Taken By _____ Computer _____ Binder _____

Reg. Fee _____ Class Fee _____ Amt. Paid _____ Cash - Visa - MC - CK# _____