

Please cut out the Registration Form along  
the dotted line before mailing to us.  
This helps us with our filing system. Thank You.

# Registration

Call or return with a \$50.00 non-refundable deposit.

Students who were not part of our Winter or Fall session must also  
include the \$40.00 non-refundable registration fee at this time.

**Please mail to:** 222 Gannett Drive, South Portland, ME 04106

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

SECOND CHILD \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

THIRD CHILD \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_

HEALTH CONCERNS \_\_\_\_\_

What year did your family begin lessons @ CCGC? \_\_\_\_\_

Spring Session

CLASS DESIRED/DAY \_\_\_\_\_ TIME \_\_\_\_\_

SECOND CHILD/DAY \_\_\_\_\_ TIME \_\_\_\_\_

THIRD CHILD/DAY \_\_\_\_\_ TIME \_\_\_\_\_

**Release Form:** *I fully understand and appreciate any activity including motion, rotation or height may cause serious accidental injury. As a condition of accepting my child I agree to hold Cumberland County Gymnastics Center harmless. I understand the refund and make up policy.*

Signature of Parent/Guardian \_\_\_\_\_

**For Office Use Only:**

Session Fee \$ \_\_\_\_\_ } Total \$ \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_ }

Deposit # \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Payment # \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Payment # \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Visa/MC/AMEX # \_\_\_\_\_ Expir \_\_\_\_\_

CW# \_\_\_\_\_ Card Holder's Name \_\_\_\_\_

Book  Invoice

Spring 2010