

PVSG ENROLLMENT FORM

I hereby enroll _____
 for classes at PVSG starting the week of _____

Class Day and Time desired _____

NOTE: The first month's tuition is prorated for students starting classes during the month.

I agree to pay for all classes reserved for me, whether I utilize this time or not.

PVSG automatically reserves your child's space in class each month unless YOU notify us in writing of your child's discontinuance.

TUITION: Due every four weeks. We do not bill. \$3.00 fee for late payment. Also \$20.00 returned check fee.

REFUNDS: PVSG offers **NO REFUNDS OF TUITION OR CREDIT FOR MISSED CLASSES.** In case of extended illness or injury, please contact the office.

WITHDRAWING: PVSG requires two weeks written notice before a student withdraws from class and the two weeks tuition is due whether the student attends or not. This applies to students taking a leave of absence as well as students not planning to return. A \$15.00 fee is charged for students who re-register after taking a voluntary leave during the season.

REGISTRATION FEE: There is an annual \$20.00 registration and insurance fee that is due in advance of class participation.

I hereby consent to have my child participate in programs offered by PENOBSCOT VALLEY SCHOOL OF GYMNASTICS. The risks involved in respect to the programs are fully understood. I confirm that she/he is in good health. I hereby give permission to obtain medical treatment in case of an emergency if I cannot be reached. I give PVSG permission to use photographs and/or videos of my child for promotion, public relations, records, or other legitimate purposes.

I have read the policies stated here and agree to them.

PARENT'S SIGNATURE _____

DATE _____

Please mail the \$20. annual registration fee to PVSG with this completed form to reserve your child's spot in class. This form must be on file at PVSG at least one day in advance of your child's participation in class.



Penobscot Valley School of Gymnastics
 615 Odlin Road Suite 1
 Bangor, Maine 04401
 (207)947-3860

Last Name	First Name		Please Circle	Birthdate	Age	Describe any medical, learning, or other problems
Mailing Address	City	Zip Code	Town you reside in	How did you hear of PVSG?		
Home Phone #	Email Address	School Attending	Grade	Any previous gymnastics? / If yes, what program?		
Father's Name	Cell Phone #	Occupation	Where employed	Work #		
Mother's Name	Cell Phone #	Occupation	Where employed	Work #		
Emergency Contact If Parents Can Not Be Reached	Phone #					