

Champion Gymnastics USA
Registration Page



Parent's Info

Name: _____
Address: _____
City: _____ State _____ Zip: _____
Home Tel. # _____ Work Tel # _____
Cell Phone: _____ (for emergencies only)
Email: _____

Child/Children's Info

1st Child's Name: _____
Birthday: _____
Class Level: _____ Day : _____ Time: _____

2nd Child's Name: _____
Birthday: _____
Class Level: _____ Day: _____ Time: _____

3rd Childs Name: _____
Birthday: _____
Class Level: _____ Day: _____ Time: _____

Please read and initial below

_____ I have read and agree to the Champions Gymnastics Payment Policy. (Initial)

_____ I have read and agree to the Champion Gymnastics Attendance Policy (initial)

_____ I have read and signed the Champion Gymnastics Waiver. (Initial)

_____ I wish to make my monthly payment by automated checking account withdrawal.

Name on account _____ Bank Name _____

Routing number _____

Account number _____

Funds are withdrawn usually on the first day of the month.

Normal NSF fees apply if funds are not available.

_____ I wish to charge my VISA or MasterCard

Account Number ____ - ____ - ____ - ____ Exp Date __ - __