

**2009-2010 Registration**  
**KENNEY'S GYMNASTICS ACADEMY**  
**6201 DAIMLER WAY RALEIGH NC, 27607**  
**(919)851-1188 FAX: (919)851-3066**  
www.kenneysgymnastics.com    [kenneysgym@bellsouth.net](mailto:kenneysgym@bellsouth.net)

Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, NC Zip \_\_\_\_\_ Home# \_\_\_\_\_

Please List any physical/mental/other conditions that may hinder the students ability to participate in the sport of gymnastics \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (**Other** than parents):

Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL RELEASE/WAIVER    \*PLEASE READ CAREFULLY\***

In case of an accident resulting in injury to my child, it is the policy of Kenney's Gymnastics Academy, Inc. to contact the person(s) specified above. If no person can be reached, it is necessary that we have this release/authorization to secure medical treatment for your child.

I \_\_\_\_\_ hereby authorize Kenney's Gymnastics Academy, Inc. to secure medical treatment for \_\_\_\_\_ in case of emergency, which may occur while he/she is attending gymnastics class.

Like any physical activity, participation in gymnastics does involve a certain amount of risk of injury. By permitting this student to participate, I understand this risk.

Therefore I/we \_\_\_\_\_ being the parents' of \_\_\_\_\_ a minor child, do hereby release Kenney's Gymnastics Academy, Inc. from all claims, demands, rights, and causes of action of whatever kind and nature arising from and by reason of their minor child participating, competing in, and engaging in the gymnastics program offered by Kenney's Gymnastics Academy, Inc. This release/waiver of liability has been thoroughly read and understood by me and I voluntarily signed as to its intent and content.

**PAYMENT POLICY    \*PLEASE BE FAMILIAR W/ RULES AND POLICIES\***

**\*An annual registration fee of \$30.00 with a \$5.00 discount off for more than one child will be due before your child's first class.\***

In accordance with the class schedule of Kenney's Gymnastics Academy, the tuition for \_\_\_\_\_ hours of instruction per month is \$ \_\_\_\_\_. **The tuition payment is due on the 1st of each calendar month, after the 7th a \$5.00 Late Fee will be applied.** All returned checks to Kenney's Gymnastics Academy are *subject to a \$30.00 service charge*. Kenney's annual registration fee is non-refundable.

\_\_\_\_\_ **Written withdrawal notice is due by the 15th of the month in order to cancel your contract for the Initial following month. *YOU ARE RESPONSIBLE FOR PAYMENT UNTIL NOTICE IS GIVEN.* I have read and understand Kenney's Gymnastics Academy policies.**

**Signature (Parent/Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only**

Class Day/Time \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_ for the month(s) of \_\_\_\_\_ Check # \_\_\_\_\_