COLLEGE TUMBLING

at UNITED GYMNASTIX

Still need your back handspring, or trying to perfect your standing back tuck?
Fulls, punch fronts, and more... we'll work on what **YOU** want to work on!

Thursdays 7:30 p.m. to 8:30 p.m. beginning September 3

$50 per month

That's a 35% discount when you show your college ID!

Time may vary depending on enrollment. Valid college identification must be presented at the time of registration to receive the discounted price of $50.
Tuition is due the 1st of the month. No refunds after first class.

Thursday doesn't work for you?
Get a few of your friends together and make your own class!

Days and times for private classes are based on teacher availablity and gym space. Call 410-526-3527 for more info.

UNITED GYMNASTIX

12300 Owings Mills Blvd.
Reisterstown, MD 21136

phone 410-526-3527 • fax 410-526-3529
mail@unitedgym.net

REGISTRATION FORM

Primary Guardian BILL ☐ _____

Secondary Guardian BILL ☐ _____

Address _____

City/State/Zip _____

How did you hear about United? _____

Have you taken a class here before? YES NO

Home Phone _____

Mom's Work and/or Cell Phone _____

Dad's Work and/or Cell Phone _____

Emergency Contact _____ (phone number) (name)

E-mail Address _____

STUDENT'S NAME	DOB	AGE	SESSION	DAY	TIME	CLASS

Registration Fee_____ Tuition Fee _____ Total_____ Office Use Only V MC CSH CHK#_____

PERMISSION STATEMENT & MODEL RELEASE My child/ren has permission to participate at United Gymnastix Inc. I confirm this student(s) is in good health. I am also fully aware of and appreciate the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for United Gymnastix Inc. officials to call a doctor and/or the parents for treatment in the event of an emergency. I further agree not to hold any United Gymnastix official or staff member responsible for any possible illness, accident, injury, or death which may occur in training or class; nor any other damages, losses, or theft on United Gymnastix Inc.'s premises. I do here verify that I fully understand and accept the above statements and the guidelines set forth in this brochure. I understand there will be no refunds after the first class. Upon signing, I give my permission to United Gymnastix Inc. for photographs or video tapes to be taken for the purpose of, and use in, publications, promotions, internet use, and/or for other reasons that could expose a recognizable member of my family to the public.

PARENT / GUARDIAN SIGNATURE_____ DATE _____