STUDENT INFO First name	_ Last name	geele word las siau	Middle
Birthday / / Sex	Grade	School	
Home Address		City	Zip
Phone # ()			
PARENT / GUARDIAN INFO			
Father Name	Occup	Work #_	ned begreterak 1 P nedrojek sakit er
Mother Name	_ Occup	Work #	
Email Address	25 10010	da bauangiasis a mindun n	a nata ng enched
If Emergency please contact	alad system	Phone	bace kee estallog
Medical conditions, if any:		(83 nove 19 s	enished to senious
How did you hear about our club?	?		
Try class date		DEMY TUITION PO	LICIES
MOE'S GYMNAS TUITION FEE is payable month pro-rating classes. If the tuition is \$10.00 will be added (No exception 11864 N. profit Row # 116 For and a fee of \$20.00 is due on all to the second seco	ons). Tuition rney, Tx 7512 return checks	DEMY TUITION POI the first of each month by the 10 th of each mon can be paid at the office checks should be man	n there will be no onth a late fee of the or can be mailed the payable to MG
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MOE'S GYMNAS TUITION FEE is payable month pro-rating classes. If the tuition is \$10.00 will be added (No excepti to 11864 N. profit Row # 116 For and a fee of \$20.00 is due on all in DROPPING CLASSES is permitended on dropping. If you do not	aly and due or not received ons). Tuition received return checks itted by notify MG at month tuit. EE of \$30,00 on the anniverse.	DEMY TUITION POI the first of each month by the 10 th of each mon can be paid at the office 6 checks should be man ying MGA before the 1 st A before the 1 st of the man ion.	a there will be no the late fee of the or can be mailed de payable to MG of the month onth on dropping lay of enrollment iginal date of

MEDICAL RELEASE FORM

 I give my approval for the above named student's participation in any and all activities of the program.

I hereby forever waive, and forever release and discharge Moe's Gymnastics Academy, their
officers, directors, employee and agents from all liability for any and all damages injuries
suffered by the participant in connection with said use of the aforementioned equipment,
instructors and facilities.

 As a student or parent or guardian of a student that is my option to consult a physician for assurance of proper health and have been encouraged to do so by MGA.

I authorize the representatives of Moe's Gymnastics Academy to provide any emergency
medical services that may be required due to an injury during any gymnastics activity at or for
Moe's Gymnastics Academy.

I understand that participation is entire by m own choice and with the understanding that there is risks and the possibility of accidental injury, paralysis and evan death in any activity involving unusual motion or height.

 The Moe's Gymnastics Academy is not responsible, whatsoever, for anything that happens before or after the student's designated class time.

I do hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.

Signature of parent,

guardian, or participant (if	Witness Date			
This portion to be co	Try class date	/	1	
Reg. Fee\$	Date paid / _ /	Form of payment		
First month's tuition	Monthly tuition	Start date	/	1
Class	Day	Time		100
Class	Day	Time	77	0
Class	Day	Time		
JAN				
FEB	AUG		18 19	
MAR	SEP_	10-51		ily 8
APR	OCT		K.	
MAY	NOV	and massification		0- 7
ITIN	DEC			