

Crowley's Gymnastics Center

1310 Gentry Ave North
Oakdale, MN 55128
(651) 738-8796
www.crowleysgymnastics.com



REGISTRATION FORM

(Please Sign Waiver on Back)

Student's Name _____ Male ___ Female ___ D.O.B. _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent 1 _____ Parent 2 _____ Other _____

(Relation to child) _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State _____ Zip _____ State _____ Zip _____ State _____ Zip _____

Phone _____ Phone _____ Phone _____

Email _____ Email _____ Email _____

Is there any other information we should know about your child? _____

Class _____ Day _____ Time _____ Session: **Winter Spring Summer Fall**
(circle one)

Tuition Fee Total _____ Returning Student _____ New Student _____

Credit Card Account # _____ CVV or CVC2 _____ (3 digit code on back of card)

Expiration Date _____ Signature _____

- Any unpaid balance after the first week of classes, will incur a \$5.00 late fee per additional week.
- Refund Policy: Refunds will only be given through the second week, minus the administration fee and any classes attended by or held for the student. After that, upon approval, a credit will be placed in the gymnast's in-house account.

OFFICE USE ONLY

Transaction Date _____ Check # _____ Check Amount _____ Cash Amount _____ Siblings _____ Init. _____

CC Process Date _____ CC Processed Amt _____ Class Code _____ Book _____ Card _____ Waiver Signed _____

Comp _____ Int. _____

Class Change Date _____ New Class Code _____ Book _____ Card _____ Comp _____ Int. _____

"We Believe In What Kids Can Do!"