



La Luna Rhythmic Gymnastics Academy

11251 120th Ave NE Suite #150
 Kirkland, WA 98033
www.lalunagym.com
 425 681 4303

REGISTRATION FORM

Student Name _____ Birth Date _____

Guardian/Parent's Name _____

Address _____

City _____ Zip _____ E-Mail _____

Home Phone _____ Work or Cell Phone _____

Emergency Contact _____ Phone _____

School _____ District _____

Allergies or Medical Conditions _____

OFFICE ONLY

Level	Practice days	Hrs./week	Registration	Tuition	USA Gymnastics

	Date (& No.)	Amount (\$)	Obs.
Check			
Cash \$			
PayPal			

THE HOLD HARMLESS

The undersigned member and their parent(s)/guardian(s) indemnifies and holds harmless La Luna Rhythmic Gymnastics Academy and its agents and officers, staff from any liability whatsoever for any damages or injuries and from any and all claims and demands including attorney fees, arising out of the parties participation in gymnastics classes, private lessons, meet competitions and performances provided by or participated in, through La Luna Rhythmic Gymnastics Academy. We suggest you consult your physician prior to participation. I hereby assume all Financial Responsibility for the above student enrolled at La Luna Rhythmic Gymnastics Academy.

I hereby agree that La Luna Rhythmic Gymnastics Academy may use photos/videos of my child or us (the parents) at anytime for promotional purposes. I intend this authorization to be as broad and inclusive as is permitted by the laws of the State of Washington.

I give my child _____ permission to participate in Rhythmic Gymnastics classes, I have read and understand and I agree the terms, conditions, rules and policies from the Booklet of La Luna Rhythmic Gymnastics Academy (attached to this Registration form). No refund at any time.

Signature _____

Date _____