

New Address:

HoppinTots™ Children's Gym

PLEASE CHECK ONE:

New Student Returning Student

Registration Form

Winter 2011

Call 410 337-7012
For Information
Fax: 410 337-8036

PLEASE COMPLETE ALL INFORMATION IN THE SHADED AREA. PRINT CLEARLY. SIGN RELEASE.

Child's First and Last Name _____ Birth Date ____/____/____ M ____ F ____

Mom's Name _____ Dad's Name _____

Address _____ City _____ Zip Code _____

Phone #'s: Home (____) _____ Mom's Work (____) _____ Dad's Work (____) _____

Email Address _____ Cell (____) _____ Cell (____) _____

Nanny's Name _____ Cell (____) _____

Medical Problems/Allergies?: _____ Sibling(s) Enrolled: _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

How did you hear about HoppinTots™? _____

RELEASE AGREEMENT: Students are expected to have accident and/or medical insurance. Any activity, such as gymnastics, that involves motion and/or height creates the possibility of serious injury. I certify that I, as legal parent/guardian, do consent and agree to indemnify and hold harmless HoppinTots™ Children's Gym, to provide customary medical attentions and emergency medical services as warranted in the course of my child's participation in HoppinTots™ activities. I further authorize to execute that consent required in connection with emergency medical services. I hereby release HoppinTots™, its officers, employees and agents from and agree to indemnify them against any liability arising out of the exercise of the authority here granted.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** ____/____/____

PLEASE COMPLETE "Class Requested" and/or "Drop-Off Requested" Section(s)

Class Requested: Baby Bears (\$186) Little Bears/Bigger Bears (\$204) Little Hoppers (\$216) HoppinKids (\$234)

1st Choice: Day _____ Time _____ (See Schedule for Days and Times offered)

2nd Choice: Day _____ Time _____

Class Fee: \$ _____ -*Sibling/Twin /2nd Class Discount (if applicable) \$ _____ **TOTAL ENCLOSED:** \$ _____

Drop-Off Requested: Double T's (\$360) Combo Fun (\$270) Tumble & Fun (\$360)

1st Choice: Day _____ Time _____ (See Schedule for Days and Times offered)

2nd Choice: Day _____ Time _____

Fee: \$ _____ -* Sibling/Twin/2nd Class Discount (if applicable)\$ _____ **TOTAL ENCLOSED:** \$ _____

PAYMENT INFORMATION

CHECK # _____ DATE ____/____/____

CREDIT CARD: VISA ____ MC ____ DISCOVER ____ AMEX ____

____/____/____/____ EXP. _____

NAME PRINTED ON CARD _____

SIGNATURE _____

*Please note, the Sibling Discount and the 2nd Class Discount are applied to the less expensive class.