

**STICK IT GYMNASTICS!
Enrollment Form**

Parent Name _____

Other Name _____

Street Address _____ City _____

State _____ Zip _____ Email _____

Home Phone _____ Cell _____

Athlete Name _____

Sex _____ Age _____ DOB _____

Coach _____ Class Day/Time _____

Registration/Insurance Fee (Due Annually/August) _____

Monthly Fee _____

I will be responsible for my child(rens) tuition payments. And I recognize that a 30 day notice is required for a parent to withdraw their athlete from any program at Stick It Gymnastics. I also understand that there is an annual registration/insurance fee due every August and may be prorated at the time of registration.

_____ Signature Parent/Guardian

Date _____

All balances not paid by the 5th of the month will be placed on your credit card we have on file. This card number will be kept locked and secured on our premises. I understand my card will be charged if I have failed to pay by the 5th of the month and until 30 days from my drop notice.

Signature Parent/Guardian

Date _____

**Stick It Gymnastics 6228 South Orange Ave.
Orlando, Fl (phone)**