



14305 Southcross Dr W #120  
 Burnsville, MN 55306  
[www.igmgymnastics.com](http://www.igmgymnastics.com)  
 953-898-3889 Fax: 952-898-3849

How did you hear about us?

Friend \_\_\_\_\_

Internet/Website \_\_\_\_\_

Community Education \_\_\_\_\_

Money Mailer \_\_\_\_\_

LifeTime Fitness \_\_\_\_\_

Enewsletter \_\_\_\_\_

Moved from another gym \_\_\_\_\_

Tradeshow: \_\_\_\_\_

**Office Use Only:**

Payment Date: \_\_\_\_\_

Payment Type (circle) Cash VISA Discover MasterCard Check # \_\_\_\_\_ **START DATE:** \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Registration Fee: Yes No

Discount/Coupon: \_\_\_\_\_ CC \_\_\_\_\_ SD \_\_\_\_\_ DM list \_\_\_\_\_ ZZZ-Drop Date: \_\_\_\_\_ Reason: \_\_\_\_\_

## 2010-2011 Registration Form

**Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: (required) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ Male Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Child #2 Name:** \_\_\_\_\_ Male Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Child #3 Name:** \_\_\_\_\_ Male Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Family Discounts: 10% off lesser for second child, 20% off lesser for third child, 4<sup>th</sup> child is FREE

**FEES:** Annual Registration Fee per family (September-May) \$35 non-refundable

\$35 NSF Fee, \$25 Late Fee is applied after the 5<sup>th</sup> day of session or month

**Cancellation Policy:** IGM requires a 2 week written notice of cancellation prior to the end of the session or month or you will be billed/charged for the next session/month tuition.

I have read and understand IGM's Fees and Cancellation Policy:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature