

ENROLLMENT FORM

not for Steiner Ranch or Leander ISD

Return this form & payment to:

Brown's Gymnastics 17506 Port Hood Dr. Leander, TX 78641
512-922-0598 brownsgymnastics@gmail.com www.brownsygmaustin.com

Child's Name _____ Age _____ DOB _____

T-shirt size _____ 2/4 _____ 6/8 _____ 10/12 _____ 14/16 _____ Adult Small

Location _____ Class Day _____ Class Time _____

Parent's Name _____ CEL _____

Email _____

Special instructions _____

(Is there anything you want us to know about working with your child?) (Allergies?)

May we use your child's photo for promotional purposes? _____ yes _____ no

Although we take every precaution feasible and use all the T.L.C. possible, Brown's Gymnastics and the hosting location are not responsible for any injury occurring as a result of regular class participation. Because of its nature, a few bumps and tumbles can be expected. I understand all policies and give my permission for my child to participate in the Brown's Gymnastics program.

Parent's signature _____ Date _____

Preferred payment method:

By semester: \$20 Annual Registration Fee & \$180-Fall; \$225-Spring _____ credit card _____ check _____ paypal (add \$5)

or
Monthly: \$20 Annual Registration Fee & \$50/month _____ credit card _____ check _____ paypal (add \$2)

Credit processing information:

Card Number _____ Expiration Date _____ 3 digit card verification # _____

Amount to be deducted: _____ One time semester payment of \$200 Fall

OR _____ \$20 Annual Registration Fee and \$50 recurring monthly