



Date: / /

Circle Location: **Burlingame** **Foster City**

ACCEL GYMNASTICS REGISTRATION FORM

Student's Full Name:

Date of Birth: Male Female

2nd Student's Full Name:

Date of Birth: Male Female

3rd Student's Full Name:

Date of Birth: Male Female

Parent or guardians Full Name: Relationship:

Address:

City, State, Zip code:

Home Phone:

Cell Phone:

Work Phone:

Email address: (Please print clearly)

Parent or guardians Full Name: Relationship:

Address: **(If different)**

City, State, Zip code:

Home Phone: **(If different)**

Cell Phone:

Work Phone:

Email address: (Please print clearly)

Insurance:

Hospital:

Doctor:

Medical conditions (Please list):

In case of emergency please contact (other than parents):

Full Name:

Home Phone: ()

Cell Phone: ()

Relationship:

How did you hear about us? (Please circle)

Newspaper Ad

Referral

Festival/ Fair

Website

Other: _____

Yes, Policies have been read to me by an ACCEL staff
 X _____

Payment Policy: Quarterly Payment system
 Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec. Due Dates: April 1, Jul 1, Oct 1, Jan 1. All tuition will be prepaid for the quarter via check, cash, credit card, or (auto pay @ Burlingame only). A \$15 service charge will be added for all returned checks. *If this presents an issue for you, please note that we can continue a monthly payment schedule for an additional fee. Please communicate with us about your needs*

Initial:

Termination Notice: Stop Form

If you choose to withdraw your child from Accel Gymnastics, written notice must be given to the office by NO LATER than 30 days prior to the stop. Failure to do so means that you are agreeing to pay tuition for the next month, regardless of whether your child attends classes.

Initial:

Accel Gymnastics Locations

888 Hinckley Road, Burlingame, CA, 94010 650.777.5458
 969-B Edgewater Blvd, Foster City, CA 94404 650.477.2727
 info@accelgymnastics.com
 www.accelgymnastics.com