



Gymnastics Programme - Registration Form

Child's First Name: _____ Child's Family Name: _____
Date of Birth: _____ School and Academic Year: _____
Please register my child in the following 8 week programme for the term from **09 April to 02 June 2012**:
 1 hr/wk 2 hrs/wk 3 hrs/wk 4 hrs/wk 5 hrs/wk 6 hrs/wk 7 hrs/wk 8 hrs/wk 9 hrs/wk 10 hrs/wk
Preferred Class Day(s)/Time(s): _____
Enclosed is my payment for: ++ ** ^^
 1 hr/wk - \$328 2 hrs/wk - \$520 3 hrs/wk - \$664 4 hrs/wk - \$776 5 hrs/wk - \$888
 6 hrs/wk - \$992 7 hrs/wk - \$1,088 8 hrs/wk - \$1,176 9 hrs/wk - \$1,256 10 hrs/wk - \$1,328
*++ Trial fee at \$45 per child per one-hour session; and \$65 per child per 2-hour session.
** One-time Sign-Up/Membership Fee (for ALL New Members) - \$ 100 per new member. (Fee is applicable for all new members, and is non-refundable nor transferable. Fee includes 1 x club t-shirt, 1x club shorts, 1 x club bag & 1 x club water bottle).
^^ Rate Reductions for Siblings - a) Term Fee - 20% for 1st sibling; 40% for 2nd sibling. b) Sign-Up/Membership Fee – 20% for 2nd child and beyond.
◇◇ Refunds – Once the term has commenced, no refunds will be made EXCEPT for medical reasons. In that event, we will grant a pro-rated refund for the balance of the term PROVIDED the claim is accompanied by a Doctor's statement detailing the medical condition.*
Make-up classes: Maximum of 2 to be completed during the same term (subject to availability) with no carry-overs to the next term.
Mother's Name: _____ Father's Name: _____
Address: _____
Postal Code: _____
Tel (home): _____ Tel (mobile): _____
Email Address: _____ Emergency Contact: _____

History / Background

Has your child participated in gymnastics before? Yes / No
Has your child participated in fitness activities before? Yes / No
Has your child ever had a major injury/accident? Yes / No
Does your child have any special medical conditions (e.g. allergies, asthma, etc.)? Yes / No

Registration / Payment Procedure

Cheques payable to: **GIM Sports Pte Ltd**
Please return completed Registration Form, together with your Payment, to:
GIM Sports Pte Ltd
#04-03 The GrandStand (Turf City), 200 Turf Club Road, Singapore 287994

For Office use only: Cash / Cheque Amount Paid \$ _____ Bank/Cheque No. _____

Parent / Guardian Declaration

I undertake not to hold GIM Sports Pte Ltd and/or any of its officers, employees or representatives responsible in the unlikely event of any accident causing injury to my child, _____ during his/her participation in a GIM Sports Gymnastics/Fitness Programme. In the case of an emergency, I also give The Centre permission to seek medical care for my child, the cost of which I agree to cover.

Signature of Parent / Guardian _____ Date _____

GIM Sports Pte. Ltd. (reg. no. 200508806H)

#04-03 The GrandStand (Turf City), 200 Turf Club Road, Singapore 287994

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