

**C.A.T.S. LLC REGISTRATION FORM**

Status:  Current Student  Former Student  New Student

Circle class/level for which you are registering:

Parent & Tot Littlecats Kindercats Girls Lev 1-2 Girls Lev 3-4 Boys Cheerleading Tumbling

Day and Time Requested: Day \_\_\_\_\_ Time \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Please print in all upper case letters E-Mail \_\_\_\_\_

*• Registration fee is non-refundable. No refunds or credits will be issued after the first class day. Registration fee and one-half the session fee is due upon registration. The balance is due before the first class.*

**Read and sign below indicating your agreement.**

- I give CATS Gymnastics employees permission to secure emergency medical treatment for my child in my absence. I will notify my child's instructor if my child is on any medication. Please note any medical conditions about which we should be aware.
- I, the undersigned parent or guardian, acknowledge and understand the risks involved in this sport, and assume those risks. I further agree to hold harmless, Cheshire Acrobatics Training School LLC, its affiliates, coaches, students, and all associated officers for any injury or sickness sustained as a result of my child's participation in this sport.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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