

**Registration Form 2010-2011**  
**Snuggle Bugs, Tumble Bugs, X-Bugs**  
**U.S.A.G., Inc.- Norwalk**

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Student's Name \_\_\_\_\_

\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

—

Telephone (    ) \_\_\_\_\_ E - Mail \_\_\_\_\_

Emergency Name & Telephone \_\_\_\_\_

—

Student's Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Sex: M F

**Class Selection**    **Class Day & Time** \_\_\_\_\_ **Fall**   **Winter**   **Spring**   **Session**

Fees Due: With \$15 annual, non-refundable registration fee

**Snuggle Bugs & Tumble Bugs (40 min. class): \$225 + \$15=\$240**

**X - Bugs (1 hr. class): \$250 + \$15=\$265** \_\_\_\_\_

Liability Acknowledgement

With submission of this registration form, I acknowledge my commitment to the requested class space and time, accepting the applicable tuition debt. **I further understand that the registration fee is non-refundable and that tuition becomes non-refundable after 3 weeks of program.** By signing this form, parent/guardian is aware of the risk involved in gymnastics activities and does not hold U.S.A.G., Inc. or subsidiary, responsible for any injury that may occur. I also acknowledge that from time to time, the company reserves the right to film classes for quality assurance or promotional materials.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed