



WWW.CHANTILLYACADEMY.COM



WELCOME FRIENDS OF CHANTILLY ACADEMY GYMNASTICS!

PRESCHOOL GYM VAL-PAL BRING-A-FRIEND WEEK
MONDAY, FEBRUARY 8TH - SATURDAY, FEBRUARY 13TH

WE OFFER BRING-A-FRIEND WEEKS TWICE PER YEAR. TAKE ADVANTAGE OF THIS SPECIAL OFFER OF A FREE CLASS FOR ONE OF YOUR FRIENDS.



WE OFFER GYMNASTICS YEAR ROUND AT CHANTILLY ACADEMY. OUR SCHOOL YEAR SESSION RUNS FROM SEPTEMBER TO JUNE AND OUR SUMMER CAMPS & CLASSES RUN FROM THE END OF JUNE THROUGH AUGUST. WE SPECIALIZE IN CONFIDENT KIDS AND HOPE THAT YOU JOIN OUR PROGRAM OF PROMOTING THE DEVELOPMENT OF HEALTHY AND FIT CHILDREN.

- ★ TUMBLING TOTS AND ME&MYONLY. FRIENDS MUST BE 3-5 YEAR OLDS.
- ★ REGISTER A MINIMUM OF 1 DAY PRIOR TO CLASS
- ★ GYMNASTICS ACTIVITIES WILL INCLUDE PARACHUTE, TRAMPOLINE, TUMBLE-TRAK, THE OBSTACLE COURSE AND APPARATUS FOR ALL.
- ★ ONE FREE CLASS PER GUEST

The Permission Form Below MUST be filled out by the child's parent. Friends will NOT be able to participate without this form.

COMPLETE AND SIGN BACK OF FORM - TEAR OFF BOTTOM PORTION AND RETURN TO MAIN OFFICE ASAP

PLEASE COMPLETE THE 2010 "VAL-PAL BRING A FRIEND WEEK" FREE CLASS REGISTRATION FORM:

Member's Guest Name	Age	Date of Birth	Male or Female	Medical Insurance Y or N

PARENTS OF GUESTS NAME(S) _____
FIRST AND LAST NAMES PLEASE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____ PHONE _____
Please Print (other than parent)

PLEASE LIST ALL MEDICAL CONDITIONS, PRIOR INJURIES, ALLERGIES, ETC.: _____

MY CHILD IS THE GUEST OF: _____
CA CHILD MEMBER NAME CLASS DAY & TIME ATTENDING

★ ANY MEMBERS WHOSE GUEST REGISTERS FOR CLASS WILL RECEIVE A \$5.00 DISCOUNT OFF THEIR NEXT SESSIONS TUITION PAYMENT. THANKS! ★

YOU MAY BRING REGISTRATION IN TO THE MAIN OFFICE, MAIL OR FAX YOUR FORM.

MAIL REGISTRATION TO: Chantilly Academy Gymnastics OR FAX REGISTRATION TO: 703-378-2914
14088-K Sullyfield Circle ★ Chantilly, VA ★ 20151 ★ Phone-(703) 378-4966

OFFICE USE ONLY:	
Entered in Prospects Sections of Computer:	Staff Initial:

★ ALL PARENTS PLEASE NOTE: ★
FRIENDS WILL NOT BE ABLE TO PARTICIPATE WITHOUT THE FRONT AND BACK OF THIS FORM COMPLETED AND SIGNED BY PARENT.

BRING A FRIEND TO CA - REGISTER IN PERSON OR BY FAX A MINIMUM OF 1 DAY PRIOR TO CLASS ATTENDING.



Check out our NEW Website!!!
WWW.CHANTILLYACADEMY.COM

CHANTILLY ACADEMY GYMNASTICS

14088-K Sullyfield Circle
 Chantilly, VA 20151
 703-378-4966 - PHONE
 703-378-2914 - FAX



BRING A FRIEND TO CA- REGISTER BY IN PERSON OR BY FAX A MINIMUM OF 1 DAY PRIOR TO CLASS ATTENDING.

(KNOWLEDGE OF RISKS) - Having been informed and being fully aware that gymnastics and related activities at Chantilly Academy involve vigorous physical activity which includes, but is not limited to: height, flight, rotation and twisting in a unique environment, and on various pieces of apparatus; and that gymnastics, and gymnastics related activities always involve certain risks, including but not limited to: death, serious neck and/or spinal injuries resulting in complete or partial paralysis, brain damage, and serious minor injury to virtually all bones, joints, muscles and organs; and further understanding that all mats, pits and other equipment provided for my child's protection, including the active participation instructors who may spot or assist in the performance of certain skills, may not be able to prevent injury,

(RELEASE) - The named participants have had a medical examination within the last twelve months and are capable of participating in the chosen sport of gymnastics or any physical activity. I authorize any Chantilly Academy, employee to take the necessary steps regarding the administration of first aid and/or authorization of medical treatment for any injury or illness my child may have. Members are expected to carry their own accident and medical insurance.

I HEREBY ACKNOWLEDGE MY UNDERSTANDING OF THE RISKS INVOLVED IN PARTICIPATING IN GYMNASTICS AND RELATED ACTIVITIES, AND IN CONSIDERATION OF MY CHILD'S ACCEPTANCE INTO THE PROGRAM, I AGREE TO ACCEPT THOSE RISKS AND VOLUNTARILY CHOOSE TO HAVE MY CHILD PARTICIPATE.

I affirm that I am of legal age and am freely signing this agreement.

Form is not complete until signed! Thanks!

Print Name of Parent or Legal Guardian Signature of Parent or Legal Guardian Date

FRIENDS WILL NOT BE ABLE TO PARTICIPATE WITHOUT THE FRONT AND BACK OF THIS FORM COMPLETED AND SIGNED BY PARENT.

