

SPORTY JOE'S

"FITNESS FOR ALL"

(reg. no. 200508806H)

Sporty Joe's Enterprises Pte Ltd, 200 Turf Club Road, #02-10 Turf City, Singapore 287994
Tel: 6468-1103 | Fax: 6468-4813 | Email: admin@sportyjoe.com | Website: www.sportyjoe.com

Gymnastics and Fitness Programmes – Registration Form

Child's First Name: _____ Child's Family Name: _____

Date of Birth: _____ School and Academic Year: _____

Please register my child in the following 10-week programme for the term from **4 January to 13 March 2010**:

1 hr/wk 2 hrs/wk 3 hrs/wk 4 hrs/wk 5 hrs/wk 6 hrs/wk 7 hrs/wk 8 hrs/wk

Preferred Class Day(s)/Time(s): _____

Enclosed is my payment for: ++ ** ^^

1 hr/wk - \$350 2 hrs/wk - \$550 3 hrs/wk - \$710 4 hrs/wk - \$830
 5 hr/wk - \$950 6 hrs/wk - \$1,060 7 hrs/wk - \$1,160.00 8 hrs/wk - \$1,250

++ Trial fee at S\$35.00 per child per one-hour session.

** For New Members, add \$100 as a one-time registration fee

^^ Rate Reductions for Siblings - 20% for 1st Sibling; 40% for 2nd Sibling

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: **Sporty Joe's Enterprises Pte Ltd**
Please return completed Registration Form, together with your Payment, to:
Sporty Joe's Enterprises Pte Ltd
200 Turf Club Road, #02-10 Turf City, Singapore 287994

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

Parent / Guardian Declaration

I undertake not to hold Sporty Joe's Enterprises 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 Sporty Joe's 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 _____