23-24 Registration Form Email form to barnesam@aol.com



351 Station Road, Ste 11A Berryville, Virginia 22611 Gym contact: Margie Barnes 703-309-8787

Member Name	Age	: D	OB	
Address	City	//Zip		
Parent/Guardian	_ Phone		Email	
Parent/Guardian	_ Phone		_ Email	
Emergency contact	Phone	Pi	ck up(s)	
Special Medical Conditions/Allergies/ Restr	ictions			
Session Level Class of	lay (s)/time(s)			
Session cost \$+ Registration for	ee cost \$57.00 Tota	al due		
**registration fee is paid 1 time a year (6/1,	/23-6/1/24)			
Card type Credit Card #		Exp Date	e V-code	Card Zip Code
Unless another form of payment is received tuitions and late fees. Permission also is given information is correct, and I agree with the	en for payment on			
			Print Cardholder N	lame
		Date	Cardholder Signati	ure
As legal guardian of above participant(s), I r sports including but not limited to gymnastic and trampoline. Being fully aware of these c programs at REVEL Gymnastics or on any er Further I agree that REVEL Gymnastics, also occurring as a result of my child's participat	ics, conditioning, g langers, I voluntari quipment or facilit ng with its employe	roup fitnes ily consent y contents ees, agents	s, dance, tumbling, p to the aforemention and I ACCEPT ALL R	rivate lessons, birthday parties, open gym, ed person(s) participating in any or all ISKS associated with that participation.
I understand REVEL program requirements	. I also have read R	REVEL rule	s and policies. I accep	ot these terms.
		Date	Signature of Parer	nt / Legal Guardian
		Date	Signature of Paren	nt / Legal Guardian