

Registration Form

Texas Sports Ranch

13098 Seaberg Road
Crosby, Texas 77532
281-328-8427 Office 281-328-5953 Fax

Student's Name _____	Sex: M F
Birthday: ___/___/___	

Student's Name _____	Sex: M F
Birthday: ___/___/___	

Student's Name _____	Sex: M F
Birthday: ___/___/___	

Students Address: _____	Home Phone _____
City _____ State _____ Zip _____	Cell Phone _____
Mother's Name: _____	Bus. Phone _____
Father's Name: _____	Bus. Phone _____
Billing Address (if different) _____	
Alternate Emergency Contact: _____	Phone _____
Siblings names & ages if not enrolled _____	
NEW STUDENTS: Whom may we thank for referring you? _____	
Physician's Name _____	Phone _____

Automatic Debit Information	Master Card	Visa	AMEX
Credit Card Holder's Signature: _____			
Account Number _____	Expiration Date _____		

PLEASE READ AND SIGN: I hereby give _____ permission to participation in gymnastics classes at Texas Sports Ranch Inc. (TSR Inc.). I authorize the staff to act for me according to their best judgment in any emergency requiring medical attention when I can not be reached to so consent. I hereby release TSR Inc. and its employees from any and all liability for any injury incurred while on TSR, Inc. property. I understand that participation in the sport of gymnastics and any other activity offered at Texas Sports Ranch involves motion, rotation, and height in a unique environment and, although every effort will be made to create a safe environment, as such carry with them the risk of injury, TSR Inc. can not be held responsible for loss, theft, or damage to personal items, (Although TSR, Inc. carries secondary insurance, we request that each participant be covered). It is agreed that any dispute or cause of action arising, between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Harris County, Tx, and shall be construed in accordance with the laws of Texas. I understand that TSR Inc. retains all rights to any photos, videos, or audio recordings, taken while at TSR, Inc. for use in publicity, advertising, and any legitimate business purpose at no additional cost or commission, I am fully aware that it is my responsibility to notify the staff of any physical, psychological, mental or medical disability that would affect participation in any aspect of the program. I have read and accept all payment and refund information, the above paragraph, and the information in the brochure.

Parent/Legal Guardian Signature: _____ Date: _____

TUITION IS DUE THE FIRST CLASS OF EACH MONTH