

2017/2018 School Year

Child's Last Name _____

Student #1 First Name _____ Birth date _____

Student #2 First Name _____ Birth date _____

Student #3 First Name _____ Birth date _____

Home Phone Number _____

Address _____ City _____ Zip _____

E-Mail Address _____

Parent#1 Name _____ Work or Cell Phone _____

Parent#2 Name _____ Work or Cell Phone _____

Emergency Contact _____ Phone _____

Health Insurance Company: _____ Policy # _____

***Private health insurance is required to participate in our classes!**

Medical Conditions/Allergies: _____

I give my consent for my child's photo to be published on the Gymnastics East website.

Only first name, if any, will be used. Yes _____ No _____

Auto Pay: Yes _____ No _____ *If yes, please complete below.

Card # _____ (VISA/MC only) Expiration Date _____

Signature _____

Please note if you sign up for auto payment and your card is rejected you will be charged a \$10.00 autopay failure fee.

Please read and sign the Waiver and Release on the reverse side.

Waiver and Release

General: In consideration of allowing the below named student to enroll in a gymnastics school program and the use by the students of the premises and the property of said school, the undersigned, being the legal and acting guardians of the student, acting for themselves and on behalf of the student, release and hold harmless Gymnastics East Inc., its owners, officers and employees of and for any and all liability, claims, actions and causes of actions whatsoever, arising out of or relating to any loss, damage or injury that may be sustained by the student while in, on, or upon the premises of Gymnastics East Inc.

Medical Attention: The undersigned, being duly aware of the risks and hazards inherent upon participation in the classes, activities, and events being conducted by Gymnastics East Inc., acting for themselves and the student, hereby elect voluntarily to enter upon said premises under the control of said corporation, knowing their present condition. The undersigned acting for themselves and the student, hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by the student while in said premises described above. In the event of any incident which may require immediate medical / dental or any other emergency attention / care, in which the Legal Guardian cannot be notified in a responsible time through reasonable means, I hereby authorize Gymnastics East to take all necessary actions as it relates to immediate medical training attention, transportation and emergency medical services as warranted in the course of care of the undersigned student. I realize that I will be responsible for all fees and expenses as they may relate to this medical attention paragraph.

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a gymnastics event. I further agree that Gymnastics East Inc. along with its employees, agents, officers, and directors shall not be liable for any losses, expenses, or damages occurring as a result of my participation in the class, activities or event except where such loss of damage is the result of the intentional or reckless conduct of one of the groups or individuals identified above.

Acknowledgement: This release shall be binding upon distributes, heirs, next of kin, executors and administrators of the student and undersigned. In signing below this release the undersigned hereby acknowledges:

- a) that he or she has read this release, understands it and signs it voluntarily.
- b) That the undersigned signing as legal guardian is true legal guardian.

_____ *(initial here)*

Policies & Procedures

Annual Fee:

There is an annual fee of \$60 per family.

_____ *(initial here)*

Payments/tuition:

Tuition will be due: at time of registration

Tuition will be the same each time regardless of holidays and/or closures.

Tuition paid more than 7 days after the due date will be charged a \$15 late fee. If tuition is not paid 14 days after the due date your child will be unenrolled and will lose their spot in the class. If you are on autopay and your credit card is rejected there is a \$10 fee. NSF checks receive a \$25 fee. Additional registrations will be given 10% off the least expensive class. This does not apply to any team members. Our school year session runs consecutively from September 6th, 2017 to June 23rd, 2018. You are automatically enrolled and responsible for payment through June, 23rd, 2018 unless a withdrawal notice is given. You must register separately for summer classes (July/Aug.).

_____ *(initial here)*

Gym rules & Procedures:

I have read the separate Gym Policies sheet (also available online) and will comply with all rules & policies mentioned.

_____ *(initial here)*

Enrollment:

I understand that my child is enrolled through June 23rd, 2018 unless I withdraw him/her. I need to provide the office a minimum 1 week or greater notice to withdraw at any time. Any credits will be valid for 1 year. A processing fee of \$25 will be charged for any refunds.

_____ *(initial here)*

Missed Classes:

I understand that there are NO CREDITS OR REFUNDS for missed classes or classes canceled due to weather related issues. Due to space limitations we are unable to provide make ups in our regular classes. Missed classes for Kindergarten thru Middle School can be made up in an Open Gym prior to June 23rd, 2018, as long as your child is currently enrolled and you have paid in full. Sign up in advance in the office for Open Gym. For Tiny Tot classes, we offer makeup classes. Please ask office for information.

_____ *(initial here)*

I have read and understand the above Gymnastics East Waiver & Policies

Student(s) Name(s) _____ Date _____

Legal Guardian Signature _____