



## Registration Form

2018-2019 -- Please print clearly

Last Name:	First:	DOB:	Age:
Last Name:	First	DOB:	Age:
Address:			
City:	State:	Zip:	
Parent Name:		Phone:	
Email:		Cell:	
Emergency Contact:		Phone:	
Address:			
Physician Name:		Phone:	

Describe any medical condition or any other condition that coaches should be aware of:

Experience in gymnastics \_\_\_\_\_ years \_\_\_\_\_ level Where \_\_\_\_\_

How did you hear about us? Website  radio  party  friend/relative  \_\_\_\_\_

### Enrollment: choose one

Fall Semester (Sept-Feb)	<input type="checkbox"/>
Spring Semester (March-June)	<input type="checkbox"/>
Summer Session (July-Aug)	<input type="checkbox"/>
Full Year	<input type="checkbox"/>

Class	Day	Time

### Tuition Information – Office Use Only:

Date Started		Notes:
1 <sup>st</sup> Class		
2 <sup>nd</sup> Class Tuition (15% disc)		
Registration	_____ \$40 per student	

### Payment Options (choose one)

- 1. Monthly Installments by automatic debit/credit card payment.
- 2. Payment in full for year (10% discount) September – June.
- 3. Payment in full for semester (5% discount) September – February or March – August

### Please Note:

1. A non-refundable \$40 yearly registration fee is required per student.
2. **An Auto-Deduct Form is to be on file for every Registrant regardless of form of payment. Payments are to be received no later than the 7<sup>th</sup> of each month for tuition. Tuition must be current in order to hold your child's spot in a registered class/team.**
3. There will be a \$40 charge for any returned checks.
4. **Make-up sessions must be made up within the month of missed sessions. Prior to showing up at gym make-ups must be scheduled with front desk by phone or email as we have limited availability for each class.**
5. Refunds and credits will not be given for classes not made up.
6. Refunds and credits will not be given for a contract terminated during the semester. If for any reason a parent is to cancel their child's class/team enrollment prior to their semester being over, the gym must receive written notification at least 2 weeks prior to a billing cycle. A cancellation form will be provided at front desk if requested and can be found on our website at excelgymny.com.

**TURN OVER:**

PARENTAL PERMISSION FORM AND CONSENT TO TREATMENT:

In consideration of \_\_\_\_\_, my child/ward, being allowed to participate in any way in the programs at Excel Gymnastics, Inc., and their related events and activities, the undersigned acknowledges and agrees as follows:

1. In the event of an injury or illness, I/we grant permission to any and all healthcare providers designated by Excel Gymnastics, Inc. to provide my/our child any and all necessary medical care related to the injury or illness. I/we further understand I/we will be contacted as soon as is practical as to the medical emergency and be provided with all necessary information related to the medical emergency.
2. I consent to the use by Excel Gymnastics, Inc. of any videotape, photograph, audiotape, or any other visual or audio reproduction in which I or my child may appear, including social media productions. I understand that these materials are being used for promotion of Excel Gymnastics, Inc. Such promotional activities include, but are not limited to marketing, recruitment, publicity, and general information articles. I release Excel Gymnastics, Inc., its respective coaches, instructors, employees, volunteers, other participants, sponsors, and advertisers from any liability connected with the use of my or my child's picture, video or voice recording as part of any of the above or similar activities.
3. I, as parent and/or legal guardian of \_\_\_\_\_, understand the nature of the activities involved with gymnastics and his/her experience and capabilities and believe him/her to be qualified to participate in such activity. I fully understand that gymnastics involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child's actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below I further understand that there may be other risks either known or not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of my child's participation in gymnastics.

I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Excel Gymnastics, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the gymnast, or anyone of the gymnast's behalf, make a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any Releasees may incur as the result of such claim.

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date