



For Office Use only:	
Registration Date:	_____
Registration Paid:	Yes No
Individual	____ Family _____
T-Shirt (only if new student)	_____

Registration & Liability

Release Form/Waiver of Legal Rights

(NO CHILD WILL BE ALLOWED TO PARTICIPATE UNTIL FORM IS SIGNED)

In consideration of participating in the Gymnastics program, Birthday party, Open Gym, Sleep Over, Dance, Cheer
 I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such an activity.
 I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "release" named below; and that there may be other risks either 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, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Gymnastics Etc, 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 places, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumptions of risk, I or anyone on my behalf, makes a claim against any of the Release, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OR LIABILITY ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I give my permission to use my child's name/picture for media and publication purposes.

Parent Name (print) _____ Parent Signature _____ Date _____

Student Information

Student Name _____	Student Name _____
DOB ____/____/____ Age _____ Sex _____	DOB ____/____/____ Age _____ Sex _____
Class _____ Day _____ Time _____	Class _____ Day _____ Time _____
Medical Condition/Allergies _____	Medical Condition/Allergies _____

Contact Information

Mother's Name _____
 Hm. Phone _____ Cell Phone _____ Work Phone _____

Father's Name _____
 Hm. Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____

Medical Insurance Provider _____

EMAIL ADDRESS (PRINT CLEARLY) _____

(TURN PAGE OVER AND COMPLETE THE OTHER SIDE)

GYMNASTICS ETC POLICIES

Please read and initial all policies

_____ **Tuition Policy:** Tuition is due 2 weeks before the next session starts. There are no refunds or credits for missed classes. A 2% charge is added onto credit card payments. NSF checks returned to us will incur a **\$20** service charge. Please label your child's name on your check. Tuition can be dropped off into the tuition box located to the left of the front desk on the wall.

_____ **Annual Registration Fee:** There is an annual registration fee due one year from the last time you registered. Registration is \$30 per student, or \$60 per family.

_____ **Snow Day Policy:** If Elizabeth Schools (C-1 district) are closed, then gymnastics is closed. If a storm hits later in the afternoon / evening, **it is your responsibility to call the gym and/or check our website or FOLLOW US ON FACEBOOK for closures.** Also, your make up day will be posted on our website as well at www.gymnasticsetc107.com.

_____ **Make-Up Policy:** Whenever my child misses a class due to illness or injury, Gymnastics Etc. will allow for up to 1 make-up classes per session. I may schedule the make-up class when it is convenient for my schedule. I understand the following restrictions: 1) My child's make-up session must be scheduled within 2 WEEKS of the missed class. 2) The make-up session must be scheduled in an age appropriate class for my child and only if there is availability within the class. 3) IF you scheduled a make-up class and your child does not attend the scheduled make-up class, you are forfeiting your child's make-up class. You may schedule the make-up class through email correspondence. ***Applies to Recreational Classes ONLY***

_____ **Dress Cody Policy:** Girls must wear a leotard, and gymnastics shorts are allowed, BARE FEET! Hair must be pulled back and out of the face BEFORE CLASS! No dangly earrings, bracelets or necklaces. Stud earrings are okay. Boys must wear a t-shirt tucked in with athletic shorts or sweatpants, no zippers or buttons allowed. BARE FEET!

_____ **Student Drop / Withdrawal Policy:** Once you register your child, you are considered registered and do not need to fill out a new form for every session. If your child is NOT going to continue with the next session, **it is your responsibility to notify us by filling out a student withdrawal form located in front of the desk window, or you may call or email us as well.** It is important and courteous to let us know so we know how many spaces we have for interested students and so we can plan our coaching staff.

I have fully read and understand all of the policies at Gymnastics ETC.

Parent Signature _____

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