

## REGISTRATION FORM

## **Account Information**

| Last Name for Account (Billing)                          |                 |          |        |             |
|--|-----------------|----------|--------|-------------|
| Mother   | _Cell Phone     | Email_   |        |             |
| Father   | _Cell Phone     | Email_   |        | _           |
| Address  | City            |          | _State | Zip         |
| Emergency Contact/s Name & Phone/s                       |                 |          |        |             |
| 1st Student (Please Print)                               |                 | D.O.B    | Age    | Male/Female |
| Significant Medical Conditions                           |                 |          |        |             |
| Class Type   | Day/s & Time/s  |          |        |             |
| (Pre-School, Developmental, Tumbling, Ninja, Team, etc.) |                 |          |        |             |
| 2 <sup>nd</sup> Student (Please Print)                   |                 | D.O.B    | Age_   | Male/Female |
| Significant Medical Conditions                           |                 |          |        |             |
| Class Type   | _Day/s & Time/s |          |        |             |
| (Pre-School, Developmental, Tumbling, Ninja, Team, etc.) |                 |          |        |             |
| 3 <sup>rd</sup> Student (Please Print)                   |                 | D.O.B    | Age    | Male/Female |
| Significant Medical Conditions                           |                 |          |        |             |
| Class Type   | Day/s & Time/s  |          |        |             |
| (Pre-School, Developmental, Tumbling, Ninja, Team, etc.) |                 |          |        |             |
| Medical Insurance Co                                     |                 | Policy # |        |             |
|  |                 |          |        |             |

| Semester Fees          | Ninja<br>(Ages 6 & Up)        | Pre-School<br>(Ages 3-5yrs)   | Developmental & Tumbling                          |
|------------------------|-------------------------------|-------------------------------|---|
| 1 Class, Once per week | \$375                         | \$375                         | \$375   |
| 2 Classes, per week    | \$637.50                      | \$637.50                      | \$637.50  |
| Discounts, Sibling     | 10% off 2 <sup>nd</sup> child | 20% off 3 <sup>rd</sup> child | 30% off 4 <sup>th</sup> , 5 <sup>th</sup> is Free |
| Discounts, Extra Class | 30% of 2 <sup>nd</sup> Class  | 50% off 3 <sup>rd</sup> Class |   |

**REGISTRATION FEE** All Families will be charged a registration fee of \$35 per family good for one full year. Registration fee is nonrefundable. **LATE FEES** A \$15 late fee will be applied for payments that are not paid by the appropriate due date.

DROP PROCEDURE: Parents must notify the gym by email, 30 days prior to drop date in order to drop a student from class. Only a written notice via email will be acceptable. Please note you are responsible for payment for your child's classes whether or not your child attends class until the time you notify the staff VIA WRITTEN NOTICE. Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification then that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to one of the many on a waiting list.

MAKEUP POLICY Due to student to teacher ratios, we only offer one (1) make-up class per month. Tuition will not be prorated for missed classes. GYM ATTIRE: Boys or Girls may wear tucked in T-shirts and athletic type shorts (no pockets, zippers or buttons) OR Leotards for Girls. NO gum or candy allowed in the gym. Hair should be pulled neatly and securely away from the face so that is stays up for the entire workout. Girls should not wear bows or other large hair ornaments that may cause discomfort during activity. Personal items such as shoes, socks, etc. should be left in cubbies. Jewelry should not be worn during classes.

**PLEASE LEAVE VALUABLE ARTICLES AT HOME**. This facility's staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name.

**ARRIVAL AND PICKUP** Be sure to arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your child/ren on time. Please inform us if you know you will be late picking up your student. Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded, please drive slowly and carefully.

**REFUND POLICY** Refunds are only offered in the case of relocation, injury/illness (with doctor's note) or class cancelation.



## ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

In consideration of participating in the Gymnastic Classes, Events, Shows, Meets, and other activities sponsored by Simpsonville Gymnastics, 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 Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that these Activities involve 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 "releases" 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 <u>Simpsonville Gymnastics</u>, 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, 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 assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, 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.

Further, I approve the use of general pictures taken of my child(ren) at Simpsonville Gymnastics, and in activities sponsored by Simpsonville Gymnastics, for use on their website and in marketing information. Names and personal information will not be released without permission.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND PICTURE APPROVAL and 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.

## PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releases may incur as the result of any such claim.

|  | Date: |  |
|--|-------|--|
| Printed name of Parent or Legal Guardian       |       |  |
|  | Date: |  |
| Signature of Parent or Legal Guardian          |       |  |
|  | Date: |  |
| Signature of Participants Over 18 Years of Age |       |  |