

Today's Date \_\_\_\_\_

### Registration Form

**STUDENT'S NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **M / F**

CLASS NAME \_\_\_\_\_ CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ TUITION \_\_\_\_\_

SECOND CLASS/DAY/TIME \_\_\_\_\_

**2<sup>ND</sup> STUDENT'S NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **M / F**

CLASS NAME \_\_\_\_\_ CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ TUITION \_\_\_\_\_

SECOND CLASS/DAY/TIME \_\_\_\_\_

**3<sup>RD</sup> STUDENT'S NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **M / F**

CLASS NAME \_\_\_\_\_ CLASS DAY \_\_\_\_\_ CLASS TIME \_\_\_\_\_ TUITION \_\_\_\_\_

SECOND CLASS/DAY/TIME \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ **MOTHER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**2<sup>ND</sup> ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PRIMARY PHONE (NAME)** \_\_\_\_\_ HOME / CELL / WORK

**SECONDARY PHONE (NAME)** \_\_\_\_\_ HOME / CELL / WORK

**ADDITIONAL PHONE** \_\_\_\_\_ HOME / CELL / WORK

**EMAIL ADDRESS(ES)** \_\_\_\_\_

I am aware I must pay the \$50 registration fee annually. Parent/Guardian Signature: \_\_\_\_\_

How did you first hear about us? (Circle all that apply)

Word of Mouth    Social Media    Drive by    Newspaper    Website

I allow The Gymnastics Connection, LLC to use photos of my child that may have been taken during class and other events on social media, website, etc. X \_\_\_\_\_

**Parent/Guardian Signature**

Who referred you to our gymnastics center? They will receive \$5.00 off their next tuition! \_\_\_\_\_

Our job here at The Gymnastics Connection, LLC is teaching gymnastics and developing your child's fullest potential in a fun and dynamic environment. The less time we have to spend on marketing our business, the more time we have for these important issues. Would you be so kind as to help us by providing the name of a friend that might be interested in our program:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Entered & Initials: \_\_\_\_\_

I fully understand that the staff of The Gymnastics Connection, LLC are not physicians or medical practitioners of any kind. With that in mind, I hereby release The Gymnastics Connection, LLC to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment for any medical expense incurred as a result of training, performing or participating in activities at The Gymnastics Connection, LLC.

X \_\_\_\_\_

Parent/Guardian Signature

Date

**Emergency Contact Information:**

In an emergency, the person other than the parents to be notified is:

Name/Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Does your child have any medical conditions we should be aware of? (asthma, breathing problems, heart conditions, etc)? \_\_\_\_\_

Has your child had any recent injuries or surgeries? \_\_\_\_\_

**Signing this form acknowledges that I am aware my child is automatically re-enrolled in class until I inform the office otherwise.**

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

**Promise to Pay – Policies and Procedures**

Please read the policies below carefully. Your signature below acknowledges you have read and understood them.

**CHILD'S SAFETY** – I understand I am responsible for my child's behavior and safety while on The Gymnastics Connection, LLC premises...including parking lots, bathrooms, waiting areas, etc. I understand children are not allowed on the floor when they are not in class. **A child arriving late for class 15 minutes or more will not be able to participate due to safety.**

**TUITION** – I understand tuition is due the first week of the 6-week session. If I pay after the first week of the session, a **\$10.00 late fee** will be applied. I know there will be a \$35.00 charge for all NSF checks. *My child will not be allowed to take classes if our bill is more than 30 days past due.*

**MISSED CLASSES – I REALIZE THAT NO CREDIT IS EVER GIVEN FOR MISSED CLASSES. Two missed classes can be made up within 6 weeks.** When I schedule the make-up, I understand it cannot be rescheduled. I do need to call before the missed class. **All make-ups must be made within six weeks of the missed class.**

**REGISTRATION FEE** – Your **non-refundable** \$50 registration fee is due annually at the beginning of September. Signing this form acknowledges that I am aware my child is automatically enrolled in class until I inform the office otherwise.

**PICKING UP YOUR CHILD LATE-** We are **NOT** a daycare service and need your child **picked up ON TIME.** I understand a \$10 late fee will be applied for every 15 minutes I am late.

X \_\_\_\_\_

Parent/Guardian Signature

Date

**RELEASE OF LIABILITY, WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES**

As the parent or legal guardian of (child's name), I hereby consent to his/her participation in or all of the programs offered by The Gymnastics Connection, LLC. I understand that participation in gymnastics, trampoline, dance and any and all other activities at The Gymnastics Connection, LLC may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death from various causes, known and unknown, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other activities offered by The Gymnastics connection, LLC and the possibility of injury from participating in the aforementioned activities. In consideration for allowing my child to participate in activities offered by The Gymnastics Connection, LLC, I my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Kimberly Smothermon, The Gymnastics Connection, LLC, or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Kimberly Smothermon, The Gymnastics Connection, LLC, or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by The Gymnastics Connection, LLC. It is also my intent to release Kimberly Smothermon, The Gymnastics Connection, LLC, and any agent, employee, representative or other agent on their behalf for liability for ordinary negligent conduct which may occur in the future.

Should any part of parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect.

This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X \_\_\_\_\_

Parent/Guardian Signature

Date