

**WORLD CLASS GYMNASTICS
REGISTRATION/RELEASE FORMS**

Student Information Form

Student 1: _____ Date of Birth: _____ Gender: _____
Student 2: _____ Date of Birth: _____ Gender: _____
Student 3: _____ Date of Birth: _____ Gender: _____
Student 4: _____ Date of Birth: _____ Gender: _____

Parent/Guardian Information

Mother's Name: _____ Mother's Cell #: _____
Father's Name: _____ Mother's Work #: _____
Address: _____ Father's Cell #: _____
City, State, Zip: _____ Father's Work #: _____
E-Mail Address: _____

Which parent would you like to have listed as the primary contact? Mother Father

How did you hear about World Class Gymnastics? _____

Emergency and Medical Information

Emergency Contact (**NON-PARENT**): Name: _____ Telephone #: _____

Do any of the students have any ongoing medical conditions? **YES** **NO** If so, please identify below:

Asthma Diabetes Heart conditions Seizure disorders Other

Please give details on any "**YES**" answer checked above on a separate piece of paper and attach. Please list any medications that our staff should be made aware of also.

Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby release the discharge World Class Gymnastics Center and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Applicant's participation in a World Class Gymnastics Center activity, including any personal injury or death or loss or damage to property, which the Applicant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon heirs, next of kin, guardians, executors, and administrators of the Applicant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury of damages incurred by the Applicant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am sound of mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and World Class Gymnastics Center.

Parent/Legal Guardian

Date

Photography Release

Thank you for agreeing to allow World Class Gymnastics Center to use your child's photo in our marketing efforts. We appreciate your willingness to support our business and services by agreeing to make your child's pictures public. Please initial that you have read and agree to this release. _____

Initials

ACKNOWLEDGEMENT AND AGREEMENT TO

WORLD CLASS GYMNASTICS POLICIES

An annual Registration Fee is a non-refundable and non-transferable fee due upon registration and at the beginning of that same session every year thereafter.

TUITION POLICIES

Tuition is due at time of registration and I agree to pay all tuition incurred by my family.

Tuition may be split into two payments for an additional charge of \$10, to be included with the first payment. The second payment is due by the close of business on Saturday of Week #5.

If the second payment is not paid by said date, my account will incur a 10%late fee based on the total amount due.

There will be a 7 day grace period after which my child will be removed from class and will not be allowed to participate until all fees are paid in full. My account will also be turned over to collections.

NO REFUNDS OR CREDITS FOR DROPPED OR MISSED CLASSES. When signing up for a session, I understand my child is in the class for the entire session regardless of attendance record. Exceptions to this policy may include, class transfers at request of parent, promotions approved by instructor, or medical reasons (see below.) NO refunds or credits will be given for closings due to inclement weather.

****I understand and agree to the above terms** _____(initial)**

Medical situations are validated by a written acknowledgement from a licensed medical practitioner and you will be granted a credit prorated from **THE DATE WE RECEIVE** the written acknowledgement. (A retro-active request for medical credit cannot be granted, as it eliminates our opportunity to fill the vacated class spot.)

MAKE-UP POLICIES

I am allowed two make-up classes per session unless otherwise indicated. All make-up classes must be scheduled in advance through the front desk. NO walk-ins will be accepted. Make-up classes must be completed within the CURRENT session and do not carry over to the next session. No credits or refunds will be given for classes not made up.

I understand World Class Gymnastics does not guarantee make-up classes will be available and that make-ups are first come first serve. Only one make-up student is scheduled per class per week. I may complete my make-up class(es) prior to a scheduled absence depending on class availability.

I understand a 24 hour cancellation notice for a scheduled make-up is required or I forfeit my make-up.

Make-up classes are allowed while my child is currently enrolled in class. No make-ups will be allowed for a child not currently enrolled.

GENERAL POLICIES

I understand and will respect that absolutely no one---students, siblings, friends, parents, etc. are *allowed in the instructional area, or on any piece of equipment without the express permission and supervision of a World Class Gymnastics instructor.*

I understand that each child is an individual and will progress at different rates from others. Some skills take longer than others do. I will encourage my child rather than criticize them.

I have read all of the above information regarding my family's involvement at World Class Gymnastics Center. I understand and agree to abide by each and every term and condition as explained above.

Parent/Guardian Signature

Date