



Registration Form

Please print

Student's Name: _____ Male/Female: _____

Student's Birth Date: ____/____/____ Student's Age: _____

School: _____

Fathers Name: _____ Fathers Cell Phone: _____

Fathers Email: _____

Mothers Name: _____ Mothers Cell Phone: _____

Mothers E-mail: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone: _____

Mother or Father's Driver's License Number: _____

Any medical or behavioral issues we should know about?

Allergies: _____

Primary Health Carrier: _____ Policy #: _____

How did you hear about us?

___ *Friend* ___ *Drive-by* ___ *Phone Book* ___ *Flyer* ___ *Internet* _____ *Other*

For office use only:

Trial Class Type: _____ Day: _____ Time: _____

Class Type: _____ Day: _____ Time: _____

Start Date: _____ Initials: _____

First Month Fee: \$ _____ Last Month Deposit: \$ _____ Registration Fee: \$ _____

Total Due: \$ _____ Date Paid: _____ Check# _____ Cash _____ Credit Card _____

LIABILITY WAIVER AND POLICIES

Please initial each policy:

- _____ I understand that at the time of registration, I will pay a \$35 registration fee per child, the first month's tuition, and the last month's tuition as a deposit - to be used prior to withdrawal. Last month deposits are NON-REFUNDABLE and NON-TRANSFERABLE.
- _____ My child is entitled to one make-up class per month to be scheduled in advance through the front desk. Please call to cancel a make up class if you cannot attend.
- _____ I agree to pay said monthly tuition on or before the 1st of each month. In the event that said amount is not received on or before the 1st of the month, I also agree to pay a \$15 late fee.
- _____ If tuition is not paid by the end of the session (according to the OG session calendar), OG will withdraw your student from their class and you may lose their spot. There is a \$25 late fee if tuition is not paid by the end of our session.
- _____ I may terminate this agreement upon written notice to OG office, provided notice is received by the 15th of the month prior to my child's withdrawal. VERBAL WITHDRAWALS ARE NOT ACCEPTED.

In consideration of the agreement of **Orlando Gymnastics** (hereinafter **OG**) to accept my child(ren) (hereinafter participant) as a participant in **OG** activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion, or rotation in a unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assume the risk of such injury to participant, his or her heirs, executors, successors and assigns from any and all liability, actions, claims and causes of action whatsoever on account of or in any way related to the participation or participant in **OG** activities and does hereby agree to fully indemnify **OG** for any medical expenses or other damages resulting from any such accidental injury to participant while training or performing at or for **OG**, except where such expenses or damages are the result of the intentional or reckless conduct of **OG**. On many occasions newspapers, TV stations, etc., will visit **OG**. They often take picture or videos of our classes or teams. Signing this release will include giving permission for us to possibly use you or your child's picture in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture.

I further agree that **OG**, and the sponsor of any **OG** event along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event. I assume all risks associated with participation in the sport of gymnastics and/or cheerleading, including any accidental injury that may be sustained as a result of, or incidental to gymnastics or cheerleading instruction, now or any time in the future, seen or unforeseen. I hereby release **OG**, its' owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **OG** in or upon the premises of **OG**. **OG** recommends a Doctor's physical for participation in gymnastics and cheerleading for your child's benefit.

For any participant that is not yet 18 years old: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child, and myself, to participate in classes, events, competitions, and activities conducted by **Orlando Gymnastics**.

This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I HAVE READ ALL **Orlando Gymnastics** POLICIES AND AGREE TO ADHERE TO THEM, INCLUDING **NO REFUNDS**.

Parent/Guardian Signature: _____

Date: _____ **Print Name:** _____