

Precision Gymnastics and Tumbling, LLC

Enrollment Form

NAME OF STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ AGE _____

HOME PHONE (____) _____ WORK PHONE (____) _____

CELL (MOM) _____ CELL (DAD) _____

Cell Phone carrier: Verizon Sprint T-Mobile AT&T Cricket

You may Text and Email me for Important Gym and Class information: YES NO

EMAIL _____

PARENTS NAMES (MOM) _____

(DAD) _____

How did you hear about us? _____

WAIVER: By taking part in this gymnastics/tumbling program, I hereby waive all claims for injury, accident or liability of any kind against the owner or instructors.

*SIGNATURE OF PARENT/GUARDIAN _____

DATE SIGNED _____

** ANY INFORMATION(HEARING IMPAIRMENT, LEARNING DISABILITY, EMOTIONAL PROBLEMS, ETC) CONCERNING YOUR CHILD THAT WOULD HELP US IN OUR INSTRUCTION WOULD BE GREATLY APPRECIATED.

PREVIOUS TRAINING _____ IF YES, LOCATION _____

YEARS/SKILL LEVEL _____



RELEASE OF LIABILITY

Precision Gymnastics and Tumbling, LLC

I understand participating in a Precision Gymnastics program; the participant will be involved in many activities intended to challenge and advance their motor skill and social development, including physical exercise and activities involving physical interaction with others. I understand that Precision Gymnastics and its employees cannot provide any guarantee that the participant will not be injured in the course of these activities. I further understand that Precision Gymnastics cannot provide any assurance that the participant will achieve a particular benchmark of progress. I hereby recognize and assume the forgoing risk.

I represent that all of the reference to “the participant” in this release are intended to refer to the person whose name and age are entered hereunder and I hereby further represent that I have full authority to authorize participation in Precision Gymnastics programs and activities without the consent or approval of any other person or organization. I hereby agree to indemnify and hold Precision Gymnastics and its agents, employees, staff harmless from cost, loss, liability or its expense arising out of or in any way related to injury as a result of participation in our programs.

PARENTS: Please be advised that any activity involving motion or height creates the possibility of accidental injury. Parents assume all responsibility for any injury due to participation in these activities. In the case my child requires emergency care, I hereby authorize Precision Gymnastics staff, employees to obtain care and treatment without further authorization.

Precision Gymnastics PHOTO RELEASE: I consent and authorize to the use and reproduction, without compensation, of any and all photographs and other audio/visual materials taken of my child for promotional, educational activities or for other use in the program.

(PRINT Participant Name) _____ (DOB) _____

(PRINT Participant Name) _____ (DOB) _____

I have read and understand and agree to the terms. I have signed this release.

Signature: _____ Today's Date _____

Relation to participant: _____ Phone #: _____

In the event of an emergency, If I cannot be reached please contact

Name: _____ Phone #: _____

Precision Gymnastics and Tumbling, LLC

Membership and Policies

1. _____ I understand the **NO REFUND** policy for tuition and that **I must provide a 30 day written notice to the front desk prior to the 1st of the month to dis-enroll my student from their current class.**
2. _____ I understand that I am allowed 1 make up class per month for an absence. Absence does not include scheduled gym closure due to holidays etc.
3. _____ **I understand credits will NOT be given to my account for days missed due to holiday closure and or absent days from class. Make-up classes may NOT be saved for if it not used in the current month it will be lost. Any additional requested classes will be charged at our drop-in rate of \$15 per class.**
4. _____ Trial classes are provided as a courtesy to our families. We will provide the first class at no charge and each additional will be at a charge of \$10
5. _____ Dress code for Precision gymnastics is no shorts/pants with snaps, buttons, zippers that can snag mats. All students must be in shirts or tops that cover their mid sections. There is to be no jewelry and hair is to be pulled back.
6. _____ Private lessons are provided on a case by case basis. Private lessons are to be set up at the front desk. The fee for a private lesson will range between \$25 and \$40 per hour depending on the coach with a gym floor fee of \$10.
7. _____ **Tuition is due on the 1st of the month** and is late on the 10th. **Accounts with unpaid tuition on the 10th of each month will receive a \$15 late fee.**
8. _____ Registration (\$30) is an annual fee and is charged to your account upon enrollment and each year thereafter.
9. _____ I give Precision Gymnastics and Tumbling, LLC permission to use my son/daughter's pictures for marketing purposes.
10. _____ I understand the viewing area has been provided to allow me to watch the progression of my son/daughter's class. I understand that there is to be no coaching from the viewing area.
11. _____ I understand in order to participate in activities open gym, gymnastics, my child must have a waiver/release of liability on file.

SIGNATURES:

by signing below parent(s), and/or legal guardians acknowledge that they have received and understand the information concerning participation in a program with Precision Gymnastics and Tumbling, LLC including our NO REFUND POLICY, Dress code, Tuition policy and agree to these policies and terms as a condition of membership enrollment.

Dated: _____ Signature: _____

Printed Name: _____