

Registration Form

Student's Name _____ Age _____ Birthday _____ Male Female

Street _____ Address _____ Apt. _____ City _____ State _____
Zip _____

Academic School now attending _____ Current Grade _____ Day
care _____

Parents/Guardians _____

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Class _____
Level _____
Day _____
Time(s) _____

Home Phone Number _____ Mom's Cell Phone # _____

Mother's Work Number _____ Ext. _____

_____ Company _____

Father's Work Number _____ Ext. _____ Company _____

Dad's Cell Phone # _____ E-mail address _____

Any physical or emotional limitations that the instructors should consider in working with your child? **Yes No**

Please list any **MAJOR** past injuries, illness, or limitations that we should be aware of _____

_____ **Please list any allergies:** _____

Emergency Name and Phone Number _____ (someone in case we cannot reach you)

Conditions of Registration and Enrollment:

1. GYMWORKS reserves the right to change a class instructor should the need arise.
2. **Tuition payment must be received before the 1st day of the month regardless if student is present for class. No classes can be taken if tuition has not been paid by the 2nd class of the month On the 10th of the month, there is a \$10.00 late fee and no further lesson can be taken until payment is made..**
3. Any returned check is subject to a \$35.00 returned check fee, and payment must be in cash. After 2 returned checks, payment must be made in cash only.
4. **All money paid is non-refundable.**
5. I agree to pay all tuition and fees as required. I understand that I will be held responsible for payment and for any and all attorney fees and court costs should it be necessary to use legal action to collect outstanding fees.
6. **Written notice must be received 2 weeks prior to the month of a student withdrawing from GYMWORKS to void this contract. If I do not give a 2 week written notice, I am responsible for payment of the following month's tuition.**
7. I understand there is a \$5.00 late fee and \$1.00 per minute late charge per child, if I do not pick up my child by the closing times posted on the outside doors. This payment is payable at the time of pick up in **cash**.
8. Missed lessons may be made up, but they must be made up within the same month as missed, and the tuition is current. No reduction in tuition is allowed for missed lessons.
9. **GYMWORKS is authorized to act for me, if I am unable to be reached, according to their best judgment, in any emergency requiring medical attention.**
10. We reserve the right to dismiss any student whose conduct, or parent's conduct is detrimental to the overall good of the program.

I understand that there is a degree of risk involved while performing gymnastics and hereby accept the risk as a normal consequence of such activity. I hereby release GYMWORKS, it's officers, employees, teachers, and coaches, from all liability and all possible damage and or injuries suffered by my child while under the instruction, supervision or control of GYMWORKS. This acknowledgement of risk and waiver of liability, having been thoroughly and completely understood, is signed voluntarily as to its content and intent.

Parent/Guardian signature _____ Date _____

If your child will be picked up by person(s) other than their immediate family, (Mom, Dad, legal guardian, or step-parent) please list names and phone numbers.

Name _____ Relationship _____ Phone Number _____

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Waiver Form

Student's Name _____ Age _____ Birthday _____ Male Female

Parents/Guardians _____

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Phone Number _____ Cell Phone _____

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