

# 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 \_\_\_\_\_

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 2<sup>nd</sup> class of the month After the 5<sup>th</sup> of the month, there is a \$10.00 late fee.**
3. Any returned check is subject to a \$30.00 returned check fee, and payment must be in cash. After 2 returned checks, payment must be made in cash or money order 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 class.

*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 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_