

Student Registration Form

Student Name: _____ Age: _____ DOB: _____ Sex: _____

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Address: _____ City: _____ Zip: _____ Home Phone: _____

Parent 1 Name: _____ Cell Phone: _____ E-mail: _____

Parent 2 Name: _____ Cell Phone: _____ E-Mail: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Physician: _____ Phone: _____

Important medical info for us to know: _____

Medical Insurance: _____ Policy #: _____

How did you hear about us? _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in Olympic Gymnastic Center classes and/or activities, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of other participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below, and that there may be other risks either not know to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Olympic Gymnastics Center, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" of otherwise, including negligent rescue operations and future agreement that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which may incur as the result of such a claim.

I have read the **Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date

PARENTAL CONSENT

And I, the minor's parent and /or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the parent, and anyone on the minor's behalf makes a claim against any of the above releasees, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any releasee may incur as result of any such claim.

Printed name of Parent/or Legal Guardian

Date

Signature of Parent/or Legal Guardian

Date

Enrollment Information

Please initial each line and sign at the bottom

Payment Policy

_____ Tuition payment is based upon a **FOUR week session**. Your **FIRST** tuition payments will be based upon a pro-rated share of the remaining classes during the current session of enrollment. Tuition is **due the third week** of the session before the start of a new session. If tuition is not paid by the end of week 3, your child(ren) may lose their spot in that class for the next session. **Enrollment is only guaranteed with tuition payment**. Week 4 will be an open registration week for everyone, so, to ensure your spot in classes for the next session, tuition must be **paid by week 3**.

Make-up Policy

_____ We are not offering any make-ups or credits for missed classes. Attending another class as a make-up is not permitted as our classes are most often at capacity.

_____ There will be no make-up classes or refunds for closure due to weather or power outage.

Registration, Cancellation, and Illness at the gym

_____ Registration is made only upon receipt of the signed application forms, class placement and payment of fees.

_____ There will be a \$35.00 service charge on all returned checks. Any balance due on your account must be paid before your child will be allowed to continue classes.

_____ If you plan to discontinue classes, advance notice of at least 10 days must be given.

_____ All refunds must be approved by the owner, and there will be a \$5.00 service charge deducted from the total amount refunded.

_____ We follow the North Kitsap and Central Kitsap illness policies. If you child vomits here at the gym, your child will need to go home. All students must be fever-free for 24 hours before returning to class.

Student name: _____

Tuition: \$ _____

Class day and time: _____

Parent signature

Date