

Flagstaff Gymnastics Registration and Release

Student Name _____ Gender ___ Birthdate _____ Home Phone _____

Student Name _____ Gender ___ Birthdate _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Cell _____ Email _____

Mother's Employer _____ Work Phone _____

Father's Name _____ Cell _____ Email _____

Father's Employer _____ Work Phone _____

Emergency Contact _____ Cell _____ Relation _____

Insurance Provider _____ Physical Restrictions _____

Waiver of Liability and Assumption of Risk

In consideration of allowing the previously-declared participant(s) to begin participation in Flagstaff Gymnastics Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless All Star Athletics, Inc. dba Flagstaff Gymnastics Center, its owners, members, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Flagstaff Gymnastics Center is conducted, or any premises under the control and supervision of All Star Athletics, Inc. dba Flagstaff Gymnastics Center, its owners, members, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by All Star Athletics, Inc. dba Flagstaff Gymnastics Center, its owners, members, agents, or employees.

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said company, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. **The undersigned agrees to provide for the possible future medical expenses that may be incurred by participant as a result of any injury that may be sustained.** In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Parent/Guardian Signature _____ Date _____

Medical Release

The undersigned gives permission for All Star Athletics, Inc. dba Flagstaff Gymnastics Center, owners, members, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature _____ Date _____

Marketing Release

Occasionally Flagstaff Gymnastics Center uses photos or video of its students in print ads, on its website, or other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Flagstaff Gymnastics Center purposes only, and will not be given or sold to outside companies or individuals.

Parent/Guardian Signature _____ Date _____

Policies and Procedures

TUITION POLICY: Your tuition is billed on a monthly basis and will not be adjusted for closures, missed or unused classes including scheduled holidays and snow days. **There are no refunds on tuition.**

AUTOPAY: We run on an auto pay system. Automatic Payment is made through your bank account between the 25th and 30th of the month prior to the start on the new month. Students on auto-pay receive a 15% discount off regular tuition.

LENGTH OF ENROLLMENT: Enrollment is year round. We require a 30 day written notice to withdraw.

WITHDRAWAL PROCEDURES: Parents must notify the office to drop a gymnast from team. We require a 30 day written notice prior to leaving our program. We cannot credit or refund for unused classes. **Please note: You are responsible for payment for your gymnast's classes WHETHER OR NOT YOUR GYMNAST ATTENDS CLASS until 30 days after you notify the office VIA WRITTEN NOTICE.** Please do not rely on your gymnast to verbally let us know that he/she will no longer be attending classes. Forms are available at the front desk or on our website.

MAKE-UP POLICY: No make-up classes. Your account will not be adjusted or prorated for any classes missed as we have hired instructors to teach the group your gymnast signed up for whether or not they choose to attend.

ARRIVAL AND PICK-UP: Be sure your gymnast arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your gymnast on time. Instruct your gymnast to wait inside the building and escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your gymnast running to and from your car.

OBSERVATION: Parents and visitors are welcome to observe classes in our upstairs viewing room most of the time. Viewing may change in order to better serve the gymnasts and coaches. When the weather is nice, you may also view classes by walking around the building to the open garage doors. Please to not cut across or enter the gym floor area for any reason. Siblings who are not in class must remain with you at all times and are not permitted to play on the gym equipment or in the preschool room.

I accept the above terms of enrollment.

Parent Name _____ Signature _____ Date _____

Class and Tuition Information

Student #1

1st class.....Class _____ Day _____ Time _____ \$ _____

2nd class.....Class _____ Day _____ Time _____ \$ _____

Student #2

1st class.....Class _____ Day _____ Time _____ \$ _____

1st class.....Class _____ Day _____ Time _____ \$ _____

Annual Membership Fee \$45

Total Per Month \$ _____

As the parent/guardian of the child(ren) in gymnastics, I agree to accept responsibility for the full payment of the gymnastics classes as listed above. I further understand that no refunds will be given for any reason.

If my account is referred for collection, I agree to pay attorney's fees, collection fees and all costs incurred. Any balance due and owing after 30 days shall accrue interest at the rate of 18% per annum.

Parent/Guardian Signature _____ Date _____