



# EASLEY GYMNASTICS TRAINING CENTER

## REGISTRATION/CONSENT FORM 2017/2018

Returning Gymnast     New Gymnast

Mother/Female Guardian:	Phone:		
Father/ Male Guardian:	Phone:		
Address:	City:	State:	Zip:
Other Emergency Contact:	Phone:	Relationship:	
Email Address:			
How did you hear about us?			

Child #1 Name:	(circle) M / F	Birth Date:	Age:
Child #2 Name:	(circle) M / F	Birth Date:	Age:
Child #3 Name:	(circle) M / F	Birth Date:	Age:

### MEMBERSHIP AGREEMENT

**Membership Fee:** The 2017/2018 Semester begins on July 31, 2017 and ends on May 25, 2018. A **non-refundable** registration fee must be paid per child/family.

**Tuition:** I understand that tuition is based on Semester based billing. I agree to pay monthly tuition by automatic bank draft or automatic credit card plan by the due date. Monthly credit card payments will incur a \$5 fee. Late payments will incur a \$5 fee per month, if payment is not received by the 7<sup>th</sup> of each month. We do not mail tuition reminders. Other payment options must be approved by Management. **There are no refunds or credits issued for missed practices. 30 Days written notice must be given to drop a class.**

**Make-up Classes:** There will be 6 scheduled make up classes available per Semester, held on Saturday mornings.

**Returned Checks:** There will be a \$30 fee for all returned checks or a credit/debit card chargeback.

**Photograph Consent:** I grant Easley Gymnastics Training Center the right to take photographs of my child during all events including but not limited to practices, meets, camps, fundraiser or other EGTC sponsored activity. I authorize EGTC, its assigns and transferees to copyright use and publish the same in print and or electronically. I agree that EGTC may use such photographs of my child with or without their name and for any lawful purpose including for example as publicity, illustration, advertising and web content. Easley Gymnastics Training Center has no control over the use of photographs taken by the public during any practice, meet, camp, fundraiser or EGTC sponsored activity.

I have read and understand this membership agreement and it is being signed voluntarily. I agree to the above Membership Agreement in its entirety.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### WAIVER AND RELEASE OF LIABILITY

As the parent or legal guardian of the above listed student(s), I hereby consent to the above named person(s) participating in the programs offered by Easley Gymnastics Training Center (Easlick Enterprises, LLC) (hereafter EGTC). I recognize that potentially severe injuries including sprains, broken bones, paralysis, or death can occur in any activity involving height or motion, including gymnastics. **I UNDERSTAND AND ACCEPT THIS RISK.** I have additionally communicated this risk to my child participant. I also realize that my child will be performing and training on all gymnastics events and devices including the trampoline.

I further realize that while payment of tuition and registration fees constitutes a part of the consideration due to EGTC for allowing my child to use the facilities and equipment at EGTC, an additional part of the consideration is this signed release form.

Therefore, in consideration for allowing my child to use the EGTC equipment and facilities, I hereby release Easley Gymnastics Inc., its owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child while under the instruction, supervision or control of EGTC, its owners, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for or under the direction of EGTC. In addition, I confirm that my child has been examined by a physician who has cleared them for unrestricted participation in these activities.

**This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is voluntarily signed as to its content and intent.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### OTHERS WHO HAVE PERMISSION TO PICK UP MY CHILD

NAME:	Relationship:	Phone:
NAME:	Relationship:	Phone:

### YEARLY MEMBERSHIP FEES

July – May \$30 first child. Additional child \$20. Family maximum \$50.

### DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

Registration Fee:	Cash/Credit/Check	Date:	
Child #1 Name:	Class:	Day:	Time:
Child #2 Name	Class:	Day:	Time:
Child #3 Name	Class:	Day:	Time:

AUTOMATIC BANK DRAFT     AUTOMATIC CREDIT CARD     OTHER (APPROVED BY MANAGEMENT) \_\_\_\_\_