



# EASLEY GYMNASTICS TRAINING CENTER

## MEMBERSHIP CONTRACT/CONSENT FORM 2018/2019

Returning Gymnast     New Gymnast

Mother/Female Guardian:	Phone:		
Father/ Male Guardian:	Phone:		
Address:	City:	State:	Zip:
<b>Other</b> Emergency Contact:	Phone:	Relationship:	
Email Address ( <b>Needed</b> only to get information to you)::			
How did you hear about us?			
Is your child interested in Competitive Team?	YES	NO	

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 2018/2019 Session begins on July 30, 2018 and ends on May 25, 2019. A **non-refundable** registration fee must be paid per child/family. I understand I am committing to a full session, ending May 25, 2019, regardless of my start date.

**Tuition:** I understand that tuition is based on a 10 month Session billing. I agree to pay monthly tuition by the first class of each month. I understand that Easley Gymnastics' preferred payment is by Automatic Bank Draft and that if I choose this option, I will receive a \$5 per month discount. ALL late payments will incur a \$5 fee per month, if payment is not received by the 10<sup>th</sup> of each month. We do not mail tuition reminders. There are no refunds or credits issued for missed practices.

**30 Days written notice MUST be given to drop a class (form is located on the website or in the office). I understand it is my responsibility to give this 30 days notice and I am responsible for tuition up to this time period.**

**Make-up Classes:** There will be 6 scheduled make up classes available per Session, held on Saturday mornings. Up to 2 missed classes may be made on these days.

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

**Photograph Consent:** I grant Easley Gymnastics the right to take photographs of my child during all events including but not limited to practices, meets, camps, fundraiser or other Easley Gymnastics sponsored activity. I authorize Easley Gymnastics, its assigns and transferees to copyright use and publish the same in print and or electronically. I agree that Easley Gymnastics may use such photographs of my child with or without their name for any lawful purpose including for example as publicity, illustration, advertising and web content. Easley Gymnastics has no control over the use of photographs taken by the public during any practice, meet, camp, fundraiser or Easley Gymnastics 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 (Easlick Enterprises, LLC) (hereafter Easley Gymnastics). 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 Easley Gymnastics for allowing my child to use the facilities and equipment at Easley Gymnastics, an additional part of the consideration is this signed release form.

Therefore, in consideration for allowing my child to use the Easley Gymnastics 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 Easley Gymnastics, 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 Easley Gymnastics. 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