

Tatiana Gutsu Gymnastics Academy Registration Form



Terms and Conditions

ID is required to Complete Registration

PLEASE INITIAL EACH LINE BELOW

- _____ Monthly tuition will be charged (And Due) on the 1st of the month via automatic payments
- _____ Payments after the 5th will be charged a late fee of \$50
- _____ You **MUST** have a card on file, if you prefer to use another form of payment, payment must be made **BEFORE** the 5th of the month to avoid late fees
- _____ Tuition fees are final and nonrefundable
- _____ **CANCELLATIONS MUST BE WRITTEN WITHIN 30 DAYS** via Email. Otherwise, we will continue to charge regardless of attendance.
- _____ There is a \$75 annual membership fee that will be charged with your first full month tuition and charged annually on in June for Registered Gymnast
- _____ You must submit a copy of your photo ID
- _____ Class schedules are subject to change, depending upon enrollment
- _____ We reserve the right to cancel a class at our discretion
- _____ There is a \$50 fee incurred on all bounced checks and declined cards

Holiday Observations and Closings

- ◆ Holidays, closing & Cancellations do NOT constitute a make-up class
- ◆ Thanksgiving, Christmas, New Year's Day, Easter, Memorial Day, Labor Day, July 4th

Missed Classes

- ◆ Credits or refunds will not be issued for missed classes.
- ◆ We offer one make-up class per month.
- ◆ Make-up classes must be taken in the same month of the missed class and must be scheduled by phone before the student's last class.

Recital, Banquet & Meets

Annual Summer Kick Off Recital, Holiday Recital, Home Meet & AAU Meets are apart of our calendar Year to develop our gymnasts at Tatiana Gutsu Gymnastics Academy

Class _____ Session _____ Date _____

Child's name _____ Age _____ D.O.B _____

Child's name _____ Age _____ D.O.B _____

Child's name _____ Age _____ D.O.B _____

Parent1: _____ Cell # _____

Parent2: _____ Cell # _____

Address _____

City _____ State _____ Zip _____

Home phone: _____ Work phone: _____

Email address _____

Emergency contact person _____

Emergency contact Phone # _____

Any specific medical knowledge that Tatiana Gutsu Gymnastics Academy should be aware of?

How did you hear about us? Friend Email U.S. Mail Yellow Pages Web Email Other _____

Waiver and Release

In consideration of enrolling a participant in this class, I hereby RELEASE, WAIVE, DISCHARGE AND CONSENT TO NOT SUE Tatiana Gutsu LLC, Officers, servants, agents, or employees (hereinafter referred to as RELEASE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, concussion, slip and fall, including death. What may be sustained by me or my child, or to any property belongings to me or my child inside or outside Tatiana Gutsu Gymnastics Academy. WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASE, or otherwise while participating in this class, or while in or on the premises, outside or where the class is being conducted.

To the best of my knowledge, I/my child is in good physical condition and I am not aware of any physical infirmity, which would place me/my child at risk to participate in any way with the class activities. I am fully aware of risks and hazards connected with this class. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME/MY CHILD, ANY LOSS OR DAMAGE TO THE PROPERTY OWNED BY ME/MY CHILD, as a result of being engaged in the class's activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASE, or otherwise. I further hear by AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASE from ANY LOSS, LIABILITY, DAMAGE, OR COST INCLUDING COURT COSTS AND ATTORNEY FEES, THAT MAY ACCRUE RELATED TO ME/MY Child's participation in the class or out side the gym WHERE CAUSED BY NEGLIGENCE OF RELEASE OR otherwise.

During the period of the class, I hereby give permission for the staff of Tatiana Gutsu, LLC to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance, it is my express intent that this Waiver of Liability and hold harmless Agreement/Consent To Medical Treatment shall be construed in accordance with the laws of the State of Michigan, In Signing the release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY

PARENT/ GUARDIAN SIGNATURE _____ DATE _____

PARTICIPANT IF OVER 18 _____ WITNESS _____