

REGISTRATION FORM

Today's Date _____

STUDENT'S NAME _____ BIRTHDATE _____ AGE _____ M/F

CLASS NAME _____ CLASS DAY _____ CLASS TIME _____ TUITION _____

SECOND CLASS DAY/TIME _____

2ND STUDENT'S NAME _____ BIRTHDATE _____ AGE _____ M/F

CLASS NAME _____ CLASS DAY _____ CLASS TIME _____ TUITION _____

SECOND CLASS DAY/TIME _____

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

2ND ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE (NAME) _____ HOME/ CELL / WORK

SECONDARY PHONE (NAME) _____ HOME/ CELL / WORK

E-MAIL ADDRESS(ES) _____ (REQUIRED: we use this to send billing statements, closure announcements, schedule releases, etc.)

EMERGENCY CONTACT **NAME/NUMBER** (Other than Parent) _____ Relationship: _____

How did you hear about us? (Facebook, Google, Referral, etc.) _____

I fully understand that the staff of Gymnastics Connection, LLC are not physicians or medical practitioners of any kind. With that in mind, I hereby release The Gymnastics connection, LLC to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expense incurred a result of training, performing, or participation in activities with The Gymnastics Connection, LLC.

X _____
Parent/Guardian Signature _____ Date _____

RELEASE OF LIABILITY, WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES

As the parent or legal guardian of (child's name) _____, I hereby consent to his/her participation in or all of the programs offered by The Gymnastics Connection, LLC. I understand that participation in gymnastics, trampoline, dance and any and all other activities at The Gymnastics Connection, LLC may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death from various causes, known and unknown, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other activities offered by The Gymnastics Connection, LLC and the possibility of injury from participating in the aforementioned activities. In consideration for allowing my child to participate in activities offered by The Gymnastics Connection, LLC, I my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind of nature whatsoever which I have or my child has against Kimberly Smothermon, The Gymnastics Connection, LLC, or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Kimberly Smothermon, The Gymnastics Connection, LLC, or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by The Gymnastics Connection, LLC. It is also my intent to release Kimberly Smothermon, The Gymnastics Connection, LLC, and any agent, employee, representative or other agent on their behalf for liability for ordinary negligent conduct which may occur in the future.

Should any part parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X _____ Parent/Guardian Signature _____ Date _____

*Please visit: <http://www.headsup.cdc.gov> to understand the importance of concussion awareness in youth sports.

POLICIES

PAYMENT POLICIES: Tuition is calculated based on 6-week sessions (if session is shorter, it will be prorated). Tuition is due 1 week before the session starts. Your payment reserves your child's spot for the session. Initials _____

ADDITIONAL CHARGES: If tuition is not paid prior to 1 week before the session starts, a \$20 late fee will be charged. NSF checks are subject to a \$35 fee. Initials _____

REFUNDS: No prorating for missed classes and NO REFUNDS given. Initials _____

AUTOMATIC RE-ENROLLMENT: Your child will be automatically re-enrolled each session through Gym Extravaganza. If tuition is not paid by the first day of the session your child will be dropped from their class and their spot will be given to someone on the waitlist. Initials _____

REGISTRATION FEE: An annual family registration fee of \$50 is due in September each year and is prorated if registering after Session #1. Initials _____

CANCELLATIONS: Your child will be automatically enrolled from session to session. A 2-week written notice is required to withdraw from a class (drop cards available at the front desk). Initials _____

MAKE UP POLICY: With advanced notice that your child will be absent, 2 make up classes or Saturday open gym make ups are allowed per session. Make ups must be done within the session of the missed class or they will be forfeited. Students must be currently enrolled to do a make up class. Missed make ups may not be rescheduled. Initials _____

OBSERVATION: Parents are welcome to observe classes but must remain in viewing area. Children not in class must be supervised at all times. **Students only in the gym area.** Initials _____

CLIENT INFORMATION: Please notify the front desk with any changes to your name, address, phone number and email. Initials _____

ATTIRE: Students must wear clothes that are non-restrictive, and free of buttons and zippers. Long hair must be pulled back off the face. Bare feet are required for traction. Leotards for girls are highly recommended. Initials _____

WEATHER CLOSURES: The Gymnastics Connection will follow Lake Washington School district for all inclement weather closures. If there is a late start, there will be no classes starting before noon. If it is an early release due to inclement weather, there will be no afternoon classes. Initials _____

CHILD SAFETY: It is the parents' responsibility for their child's behavior and safety while at The Gymnastics Connection, including parking lots, bathrooms, waiting areas, etc. **A child that arrives 15 minutes or later for class is subject to not be able to participate.** Initials _____

LATE PICKUPS: We are not a daycare service and need your child picked up on time. Initials _____

Please see our website for a more detailed explanation about our policies and procedures.