



Today's Date: _____

New Registration Re-Enrollment Membership Renewal Change of Info

Child's Name: _____ DOB: _____ Age: _____ Gender: M / F

Child's Name: _____ DOB: _____ Age: _____ Gender: M / F

Child's Name: _____ DOB: _____ Age: _____ Gender: M / F

Child's Name: _____ DOB: _____ Age: _____ Gender: M / F

Parent / Guardian Name: _____

Email Address: _____

Phone: () _____ - _____ Alt. Phone: () _____ - _____

Parent / Guardian Name: _____

Email Address: _____

Phone: () _____ - _____ Alt. Phone: () _____ - _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____ Emergency Phone: () _____ - _____

Primary Insurance Company: _____ Policy No.: _____

Medical Alert / Allergies / Physical Limitations: _____

How did you Hear about Us? _____

Office Use Only

Child: _____ Class Code(s): _____ Monthly Tuition Rate: \$ _____ Trial Date: _____

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Child: _____ Class Code(s): _____ Monthly Tuition Rate: \$ _____ Trial Date: _____

Start Date: _____ Annual Family Membership Fee: **\$ 50.00** Total Tuition: \$ _____ Due At Registration: \$ _____

____ Release of Liability Form ____ Consent to Photograph / Media Release ____ CC Authorization ____ Operating Procedures

Iclass: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION IS RISK, AND INDEMNITY AGREEMENT

(“AGREEMENT”)

In consideration of participating at Eclipse Gymnastics, I represent that I understand the nature of this Activity and that I am or my child is qualified, in good health, and in proper physical condition to participate in such Activity. I understand that all class times, coaches, and prices are subject to change without notice. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including VIRUS, sprains, broken bones, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept an assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Eclipse Gymnastics, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the “Releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of Participants: _____

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole of in part by the negligence of the Releasees or otherwise, including negligent rescue operations , and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim.

CONSENT OF TREATMENT OF A MINOR

Should it be necessary, in the opinion of a staff member of Eclipse Gymnastics to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Eclipse Gymnastics and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

CONCENT TO PHOTOGRAPH AND MEDIA RELEASE AT ECLIPSE GYMNASTICS

I understand that my child’s photograph or video may be taken during the course of class instruction, at special events or other functions conducted by Eclipse Gymnastics Academy. I hereby grant permission for Eclipse Gymnastics to use my child’s photograph or likeness in any publicity or promotional publications, which may include, but not limited to: Eclipse Gymnastics Website, newsletters, newspaper ads, bulletin boards, programs, brochures, media releases, and Eclipse Gymnastics Facebook and Instagram pages. I also agree to allow the new media to film, and/or photograph Eclipse Gymnastics Academy programs and activities for broadcast purposes.

Signature: _____ Date: _____

Operating Procedures

- There is an Annual Family Membership fee of \$50.00 (\$60.00 Charter Families) due at time of registration which covers enrollment processing and Insurance. This fee is charged per household. This fee is non-refundable. **This fee will be charged EACH YEAR on the Anniversary Month of enrollment.**
- Monthly Tuition is based on a 4-week month, with the anticipation that your child will remain enrolled throughout the course of the year. We do not charge extra for a month that may have a 5th class due to the way the dates fall, nor will refunds, credits or adjustments be given for the rare times when a month may only have 3 classes due to holiday or special event.
- All Eclipse Gymnastics Students must have a valid CC on file to guarantee class enrollment. Monthly Tuition is charged on the 25th day of the month for the upcoming month, unless already paid in Advance. If the card on file is declined, a **10 Day Grace** period is allowed, at which point, if payment is not received, your child will either be automatically dropped from his/her class and/or charged a \$25.00 Late Fee. If dropped, a reinstatement service fee of \$15.00 will be charged.
- Tuition is **non-refundable**, and we do not allow prorated tuition for missed classes, or early drops.
- If you choose to discontinue classes for your student, you **must** complete a Drop Notice **15 Days** for Academy/Sunshine Classes, and **30-Day** Notice for Competition Team Members at the front desk prior to the end of the month to ensure proper discontinuation and avoid being charged for the upcoming month. Should you fail to meet the deadline requirement, you will be responsible for the next month's tuition.
- All Children must be picked up inside the gym, regardless of age. No child will be allowed to leave the facility unattended.
- Children Must be picked up **immediately** at the conclusion of Class. We cannot watch children who are unsupervised before or after class time. Please supervise your children at all times.
- Please make sure to have your child arrive 5-10 prior to the start of class, to Ensure proper warm-up, and to avoid distracting other students with late arrival.
- Proper Attire is necessary to promote safety for both athlete and coach. Please avoid wearing buckles, zippers, snaps or denim. Please remove all jewelry for safety! (Small Stud Earrings are allowed). Socks and shoes are not worn during training.

Girls: Recommended attire should consist of a Leotard, or fitted shorts / pants, with a shirt securely fastened. Bare midribs or exposed undergarments are not allowed. Hair must be securely pulled back away from the face and eyes.

Boys: T-shirts tucked in, with shorts or sweatpants. No pockets. If you have long hair, please secure away from face and eyes.

- Cubbies Are Provided for belongings... however, it is Advised to leave all valuables at home.
- No Food or Drinks are allowed in the Gym Training area.
- Students are to wait for their coach before coming onto the gym floor. Students are not allowed in the gym training area without the proper supervision of a coach. Parents, guests and siblings are not allowed in the gym training area. This is important for athlete safety!!
- Please refrain from talking with your child during a lesson. This can be very distracting not only for your athlete, but for all students and coaches, and takes away from the learning process.
- Respectfully wait to talk with your coach until after class, or in an email, to Avoid Disruption of the Class.

By signing below, you acknowledge that you have read and understood the above policies and procedures set forth by Eclipse Gymnastic Academy, LLC. Thank you for your cooperation!

Parent / Guardian Signature: _____ Date: _____

Billing Authorization for Tuition

Eclipse Gymnastics requires that all enrolled students have a valid credit card on file in order to participate in our programs.

I understand that I must notify Eclipse Gymnastics 15 days prior to the 1st of the month with an Enrollment Drop Form to withdraw my student from classes (30 days when part of the Eclipse Competition Team).

Name of Student(s): _____

Credit Card # _____ Exp. Date: ____ / ____ CVC: _____

Name as it appears on card: _____

Billing Address (If different than address listed on front Page):

Phone #: () _____ - _____ Alt. Phone #: () _____ - _____

****On the Anniversary Month of Enrollment, the Annual Membership Fee will be charged.****

Authorization Agreement for Automatic Payment by Credit Card

I authorize Eclipse Gymnastics to charge my credit card for payment of my monthly tuition and any other outstanding charges to the credit card listed above, and to charge the same to such account each month until further notice is given.

This authorization is to remain in full force and effect until Eclipse Gymnastics has received written notification using the Enrollment Drop Form of termination of enrollment.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information to be true.

Signature of Cardholder: _____

Printed Name of Cardholder: _____

Date: _____ Email: _____

THANK YOU!!!

WELCOME TO ECLIPSE GYMNASTICS!!