Eclipse Gymnastics

| Today's Date: | New Registratio | n Mem | bership Rene | ewal(| Chang | ge of | f Info |
|---------------------------------|----------------------------------|----------------|--------------|----------------|-------|-------|--------|
| Child's Name: | | DOB: | | _ Gender: | М | / | F |
| Child's Name: | | DOB: | | _ Gender: | М | / | F |
| Child's Name: | | | | | | | |
| Child's Name: | | | | | | | |
| Parent / Guardian Name: | | | | | | | |
| Email Address: | | | | | | | |
| | Alt. | | | | | | |
| Parent / Guardian Name: | | | | | | | |
| Email Address: | | | | | | | |
| | Alt. | | | | | - | |
| Billing Address: | | | | | | | |
| City: | | | | | | | |
| Billing Contact: | Er | mergency Pho | one: : () | | | | |
| Primary Insurance Company: | | | Policy No.:_ | | | | |
| Medical Alert / Allergies / Phy | sical Limitations: | | | | | | |
| | Office Use | <u>Only</u> | | | | | |
| | | | | | | | |
| Child: | _ Class Code(s): | Monthly Tuitio | n Rate: \$ | _Trial Date: _ | | | - |
| Child: | _ Class Code(s): | Monthly Tuitio | n Rate: \$ | _Trial Date: _ | | | - |
| Child: | _ Class Code(s): | Monthly Tuitio | n Rate: \$ | _Trial Date: _ | | | - |
| Child: | _ Class Code(s): | Monthly Tuitio | n Rate: \$ | _Trial Date: _ | | | - |
| Start Date: Annual Family Me | embership Fee: \$ 50.00 Total To | uition: \$ | Due At Red | gistration: \$ | | | |
| • | _ Consent to Photograph / Media | | | | | | |

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 Guardi | Printed | ed Name | of Parent | /Legal | Guardia |
|-------------------------------------|---------|---------|-----------|--------|---------|
|-------------------------------------|---------|---------|-----------|--------|---------|

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: |
|------------|-------|
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Eclipse Gymnastics

Operating Procedures

| Parent / | Guardian Signature: Date: |
|-----------|--|
| By signin | ng below, you acknowledge that you have read and understood the above policies and procedures set forth by Eclipse Gymnastic. Thank you for your cooperation! |
| | Please make sure to wait to talk with your coach until after class is over, or in an email. |
| | Please refrain from talking with your child during a lesson. This is very distracting not only for your athlete, but for all students and coaches, and takes away from the learning process. |
| | 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. |
| | No Food of Drinks are allowed in the Gym Training area. |
| | Please make sure to use Cubbies for belongings, however, leave all valuables at home. |
| | Boys: T-shirts tucked in, with shorts or sweatpants. No pockets. If long hair, please secure away from face and eyes. |
| | Girls: Recommended attire should consist of a Leotard, or fitted shorts / pants, with a shirt securely fastened. No bare midriffs or exposed undergarments. Hair must be securely pulled back away from face and eyes. |
| | Proper Attire is necessary to promote safety for both athlete and coach. No buckles, zippers or snaps. No denim. No jewelry of any kind other than small stud earrings. No socks. |
| | Please make sure to have your child arrive 5-10 prior to the start of class to adhere to the proper warm-up routine, and to avoid distracting other students with late arrival. |
| | All Children must be picked up inside the gym, regardless of age. No child will be allowed to leave the facility unattended. |
| | If you choose to discontinue classes for your student, you must complete a Drop Notice at least 15 days for Academy 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 Eclipse Gymnastics Students must have a valid CC on file to guarantee class enrollment. Monthly Tuition is billed on the 20 th of each month for the following month. Tuition will be charged on the 25 th day of the month for the upcoming month, unless already paid in person. If your card is declined, you child will be automatically dropped from his/her class. A reinstatement service fee of \$15.00 may be charged. Tuition i non-refundable, and we do not allow prorated tuition for missed classes, or early drops. |
| | 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 5 th 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. |
| | There is an Annual Family Membership fee of \$50.00 due at time of registration which covers enrollment processing. This fee is charged per household. This fee is non-refundable. This fee will be charged EACH YEAR on the Anniversary Month of enrollment. |

Eclipse Gymnastics

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): | | |
|--|---------------------------|---|
| | | / Exp. Date: / CVC: |
| Name as it appears on ca | rd: | |
| Billing Address (If differer | ıt than above): | |
| Phone #: () | _ - | Alt. Phone #: () |
| Author | rization Agreement | t for Automatic Payment by Credit Card dit card for payment of my monthly tuition and any other |
| outstanding charges to the further notice is given. | ne credit card listed abo | ove, and to charge the same to such account each month until |
| This authorization is to reusing the Enrollment Dro | | effect until Eclipse Gymnastics has received written notification of enrollment. |
| By signing this authorizat warrant all information to | _ | t I have read and agree to all of the above information and |
| Signature of Cardholder: | | Printed Name of Cardholder: |
| Date: | Email: | |