

2020 - 2021 Season
REGISTRATION FORM

Gymnastics _____
Tumbling _____
18 – 36 Months _____

Return Student _____
New Student _____

Class Desired
Day _____
Time _____

Student's Name _____
Address _____
City/State/Zip _____
Fathers Name _____ Mothers Name _____
Father E-Mail _____ Mother E-Mail _____
Father Cell _____ Mother Cell _____ Home Phone _____
PREFERRED NUMBER TO CALL & EMAIL FOR CONTACT _____

Date of Birth _____
Family Doctor _____ Doctor Telephone _____
Medical Conditions or Allergies _____
Referred By _____

In the event of a medical emergency, I give my permission for emergency medical staff to give my child treatment. YES ___ NO ___

WAIVER & RELEASE:
I AM FULLY AWARE OF, AND APPRECIATE THE RISK; INCLUDING SERIOUS INJURY, AS WELL AS OTHER DAMAGES & LOSSES ASSOCIATED WITH PARTICIPATION IN GYMNASTICS & OR OTHER ACTIVITY. I FURTHER AGREE JOEL BABA'S SCHOOL OF GYMNASTICS, INC., ALONG WITH EMPLOYEES & DIRECTORS SHALL NOT BE LIABLE FOR ANY LOSSES, INJURIES, OR DAMAGES AS A RESULT OF MY CHILD'S PARTICIPATION IN THESE EVENTS. I AM FULLY AWARE TRAINING WILL OCCUR DURING COVID-19. I AGREE TO HAVE MY MINOR'S TEMPERATURE CHECKED AT THE DOOR PRIOR TO ENTRY AND UNDERSTAND THAT THEY ARE NOT PERMITTED INSIDE WITH A TEMPERATURE GREATER THAN 100.4 DEGREES F. I AGREE TO ABIDE BY ALL RULES, PROCEDURES AND GUIDELINES SET BY JOEL BABA'S SCHOOL OF GYMNASTICS, INC. I AGREE THAT MY ATHLETE IS ALLOWED TO BE SPOTTED FOR SAFETY REASONS FROM COACHING STAFF DURING COVID-19.

Photo/Video Consent:
I ALSO GRANT JOEL BABA'S SCHOOL OF GYMNASTICS, INC. PERMISSION TO USE PHOTOGRAPHS AND/OR VIDEO TAKEN OF MY CHILD DURING GYMNASTICS OR CHEERLEADING ACTIVITIES FOR USE IN PUBLICATIONS, THE COMPANY WEBSITE OR OTHER FORMS OF SOCIAL MEDIA WITHOUT NOTIFYING ME FOR PRIOR APPROVAL.

Tuition: Payment Method: Credit Card Auto Pay _____ *Monthly Self Pay _____
I agree to make monthly tuition payments for each and every month in which my child attends Gymnastics. (Tuition will not be prorated for missed classes.) Make up classes can only be scheduled during a month for which tuition has been paid. (Make up classes will not be carried over in lieu of tuition. I understand that outstanding accounts will be referred to a collection agency after 90 days. Additional charges (collection fees) will be incurred on accounts which are sent to collection agencies. Delinquent accounts will be reported to the Credit Bureau.

***Credit Card Information required.** The account will only be charged in the event that the monthly tuition payment is not made by the 15th of the preceding month. (A \$5 processing fee will be added to your charge after the 15th). If a charge is declined or cannot be processed, a \$20 late fee will be added to your account. Late fees will be strictly enforced.

Parent Printed Name: _____

Date _____

Parent Signature: _____