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| **13GEM Enrollment Form** | | | | | | |
| *Parent 1 Name: info here* | | *Phone # info here* | | | *Email info here* | |
| *Parent 2 Name: info here* | | *Phone # info here* | | | *Email info here* | |
| *Address: info here* | | | | *City: info here* | | *Zip info here* |
| *Student 1 Name: info here* | | | | | | *Age: info here* |
| *Class Options:* Foundational PE (U6) Developmental PE (U11) Generalized PE (U17)  Private Class  Sample Class *Intended Sample Date* | | | | | | |
| *Class Day(s): Ex. Mondays, Wednesdays* | | | *Class Time(s): Ex. 9:00a-10:00a, 12:30p-1:30p* | | | |
| *Day Camp Options:* Full Week *Ex: 2018S, 2018A, 2018E* OR Full Day *Which date(s)? Ex. 6/25/17* | | | | | | |
| *Medical/Adaptive Needs (write N/A if none apply): info here* | | | | | | |
| *Student 2 Name: info here* | | | | | | *Age: info here* |
| *Class Options:* Foundational PE (U6) Developmental PE (U11) Generalized PE (U17)  Private Class  Sample Class *Intended Sample Date* | | | | | | |
| *Class Day(s): Ex. Mondays, Wednesdays* | | | *Class Time(s): Ex. 9:00a-10:00a, 12:30p-1:30p* | | | |
| *Day Camp Options:* Full Week *Ex: 2018S, 2018A, 2018E* OR Full Day *Which date(s)? Ex. 6/25/17* | | | | | | |
| *Medical/Adaptive Needs (write N/A if none apply): info here* | | | | | | |
| *Student 3 Name: info here* | | | | | | *Age: info here* |
| *Class Options:* Foundational PE (U6) Developmental PE (U11) Generalized PE (U17)  Private Class  Sample Class *Intended Sample Date* | | | | | | |
| *Class Day(s): Ex. Mondays, Wednesdays* | | | *Class Time(s): Ex. 9:00a-10:00a, 12:30p-1:30p* | | | |
| *Day Camp Options:* Full Week *Ex: 2018S, 2018A, 2018E* OR Full Day *Which date(s)? Ex. 6/25/17* | | | | | | |
| *Medical/Adaptive Needs (write N/A if none apply): info here* | | | | | | |
| *Student 4 Name: info here* | | | | | | *Age: info here* |
| *Class Options:* Foundational PE (U6) Developmental PE (U11) Generalized PE (U17)  Private Class  Sample Class *Intended Sample Date* | | | | | | |
| *Class Day(s): Ex. Mondays, Wednesdays* | | | *Class Time(s): Ex. 9:00a-10:00a, 12:30p-1:30p* | | | |
| *Day Camp Options:* Full Week *Ex: 2018S, 2018A, 2018E* OR Full Day *Which date(s)? Ex. 6/25/17* | | | | | | |
| *Medical/Adaptive Needs (write N/A if none apply): info here* | | | | | | |
| Initials  *initial here* | Participation Release Form  I hereby voluntarily permit my child to participate in 13GEM PE Programs.  I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND VERIFY THIS STATEMENT WITH MY INITIALS IN THE ADJOINING BOX . | | | | | |
| Initials  *initial here* | Medical Release Form  As consideration for my child being permitted by 13 Generations Educational Mission, LLC [a.k.a. "13GEM" herein] to participate in these activities, I hereby release and hold harmless 13GEM, staff, volunteers, designated teachers, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold 13GEM (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to 13GEM Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to 13GEM Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. 13GEM also does not provide any medical or other insurance protection or benefits for those who participate in 13GEM Programs. | | | | | |
| Initials  *initial here* | Refund Policy Agreement: I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS OF THE REFUND POLICY   * A student may withdraw from a class at any time. * The withdrawal process will be considered complete on the day the withdrawal form is completed and submitted. * Any refunds will be calculated from that date forward. * Refunds will only be given for students that have withdrawn from the program * Refunds will be given for the number classes remaining after the official withdrawal date * Refunds will be calculated based on the pre-tax semester tuition rate * Once the refund is calculated, there will be a $10 Withdrawal Fee deducted from the calculated refund amount * No refunds will be given for absences * If a class must be cancelled by 13GEM for any reason then it will either be rescheduled or a tuition credit for the costs of that specific class date will be issued * No refunds for PE Day Camps will be given after 12:01am of the first day of camp | | | | | |
| Signature  I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND 13 GENERATIONS EDUCATIONAL MISSION, LLC AND SIGN IT OF MY OWN FREE WILL IN THE SPACE BELOW AND UPON SUBMITTING THIS COMPLETED ENROLLMENT FORM.  SIGNATURE *sign here* DATE Click or tap to enter a date. | | | | | | |