



EASLEY GYMNASTICS TRAINING CENTER
MEMBERSHIP CONTRACT/CONSENT FORM 2021-2022

| | | | |
|---|---------------|---------------|------|
| Mother/Guardian: | Phone: | | |
| Father/Guardian: | Phone: | | |
| Address: | City: | State: | Zip: |
| Email Address: | | | |
| Does your child have (please circle if Yes) ADD ADHD Autism Dyslexia Learning Disability Allergies needing EpiPen | | | |
| Other Emergency Contact: | Phone: | Relationship: | |
| Child #1 Name: | Birth Date: | Age: | |
| Child #2 Name: | Birth Date: | Age: | |
| OTHERS WHO HAVE PERMISSION TO PICK UP MY CHILD (ex. Car pool, Grandparents..) | | | |
| NAME: | Relationship: | Phone: | |
| How did you hear about us? | | | |

MEMBERSHIP CONTRACT

Membership Fee: The 2021/2022 Class Session begins on August 2, 2021 and ends on May 28, 2022. A **non-refundable** registration fee must be paid per child/family. **I understand I am committing to a full class session, ending May 28, 2022 regardless of my start date.** My membership fee is good until July 31, 2022 and includes summer session membership pricing.

I understand Easley Gymnastics is not a month to month program. 30 Days written notice MUST be given to drop a class (form is located on the website or in the office). I understand it is my responsibility to give this 30 days notice and I am responsible for tuition up to and including this time period.

Tuition: I understand that tuition is based on a 10 month Session billing. ***I UNDERSTAND THAT TUITION MUST BE PAID BY AUTOPAY WITH MY CHECKING ACCOUNT. I agree to pay monthly tuition by the first day of each month.*** ALL late payments will incur a \$10 fee per month, if payment is not received by the 1st of each month. I understand my child will not be able to participate in class until tuition has been paid. We do not mail tuition reminders. There are no refunds or credits issued for missed practices. **In the event of a shutdown, classes will finish out the month with online/at home classes. Returned Checks:** There will be a \$30 fee for all returned checks or a credit/debit card chargebacks. **Make-up Classes:** We will not be holding Make-up classes at this time. (Subject to change)

Photograph Consent: I grant Easley Gymnastics the right to take photographs of my child during all events including but not limited to practices, meets, camps, fundraiser or other Easley Gymnastics sponsored activity. I authorize Easley Gymnastics, its assigns and transferees to copyright use and publish the same in print and or electronically. I agree that Easley Gymnastics may use such photographs of my child with or without their name for any lawful purpose including for example as publicity, illustration, advertising and web content. Easley Gymnastics has no control over the use of photographs taken by the public during any practice, meet, camp, fundraiser or Easley Gymnastics sponsored activity. I understand that Easley Gymnastics has no control over photos or video taken by other parents.

WAIVER AND RELEASE OF LIABILITY

As the parent or legal guardian of the listed gymnast(s), I hereby consent to the named person(s) participating in the programs offered by Easley Gymnastics (Easlick Enterprises, LLC, hereafter Easley Gymnastics). I recognize that potentially severe injuries including virus, sprains, broken bones, paralysis, or death can occur in any activity involving height or motion, including gymnastics. **I UNDERSTAND AND ACCEPT THIS RISK.** I have additionally communicated this risk to my child participant. I also realize that my child will be performing and training on all gymnastics events and devices including the trampoline.

I further realize that while payment of tuition and registration fees constitutes a part of the consideration due to Easley Gymnastics for allowing my child to use the facilities and equipment at Easley Gymnastics, an additional part of the consideration is this signed release form.

Therefore, in consideration for allowing my child to use the Easley Gymnastics equipment and facilities, I hereby release Easley Gymnastics Inc., its owners, officers, employees, teachers and coaches from all liability for any and all damage, illness and injuries suffered by my child while under the instruction, supervision or control of Easley Gymnastics, its owners, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for or under the direction of Easley Gymnastics. In addition, I confirm that my child has been examined by a physician who has cleared them for unrestricted participation in these activities.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is voluntarily signed as to its content and intent.

PANDEMIC WAIVER

Easley Gymnastics will take every precaution and follow all guidelines for cleaning and social distancing. While we take our responsibility to your family seriously, **we can in no way guarantee that you or your child will not contract a virus while in our facility. Should a Pandemic occur, we will take the following steps:**

PARENT/CHILD RESPONSIBILITIES: (SUBJECT TO CHANGE)

- Gymnast will not attend class if they have had a fever or cough in the last 24 hours. A sick child will be sent home immediately. Please check temperatures before leaving your home.
- There will be no parent viewing area at this time. Parents can wait in cars or come back at the appropriate time. (Subject to change)
- Walk gymnasts to the front door. Gymnasts will not be allowed in until the start of their class. Do not drop gymnasts off to wait by themselves.
- There will be no parking/idling by the front door. You must park in a designated parking space.
- Arriving with hair up, leotard on and a water bottle marked with your gymnast's name.
- Use of water fountains will be prohibited
- Pick up at the side door. Please arrive on time. Students will be waiting in the hallway while establishing distance from each other.
- Payment must be made in advance, with AUTOPAY to maintain space within class
- You may send your child wearing a face mask if you choose
- There will be no makeup classes or refunds for missed classes (Subject to change)

I have read and understand this Membership Contract and it is being signed voluntarily. I agree to the above Membership Contract in its entirety.

Parent Signature _____ Date _____

YEARLY MEMBERSHIP FEES

August 2, 2021 – May 28, 2022 – \$35 per child. Family maximum \$60.

DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

| | | | |
|----------------|--------|------|-------|
| Child #1 Name: | Class: | Day: | Time: |
| Child #2 Name | Class: | Day: | Time: |

AUTOMATIC BANK DRAFT EMAIL POSTCARD SKILL SHEET