EASLEY GYMNASTICS TRAINING CENTER

MEMBERSHIP CONTRACT/CONSENT FORM 2026-2027

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Child #1 Name: _____ Birth Date: _____ Age: _____

Child #2 Name: _____ Birth Date: _____ Age: _____

Does your child have (please circle if Yes): ADD ADHD Autism Dyslexia Learning Disability Allergies needing EpiPen Other

Emergency Contact: _____ Phone: _____ Relationship: _____

OTHERS WHO HAVE PERMISSION TO PICK UP MY CHILD (ex. Carpool, Grandparents)

Name: _____ Relationship: _____ Phone: _____

How did you hear about us? _____

MEMBERSHIP CONTRACT

Membership Fee: The 2026/2027 Class Session begins on [August 3, 2026], and ends on [May 19, 2027]. A non-refundable membership fee must be paid per child/family. I understand I am committing to a full class session ending [May 19, 2027], regardless of my starting date. My membership fee is good until [July 28, 2027], and includes summer session membership pricing.

I understand Easley Gymnastics is not a month-to-month program. Thirty (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 thirty (30) days' notice, and I am responsible for tuition up to and including the end of the notice period.

Tuition: I understand that tuition is based on a ten (10)-month billing session. **I UNDERSTAND THAT TUITION MUST BE PAID BY AUTOPAY WITH MY CHECKING ACCOUNT.** I authorize Strikeforce Athletics, LLCto withdraw monthly tuition from my checking account on the 1st day of each month, and this authorization will remain in effect until I cancel it in writing at least ten (10) days before the next scheduled withdrawal. Cancelling autopay does not relieve me of my obligation to pay tuition due under this Membership Contract. 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, make-up classes or credits issued for missed classes. There will be a $30 fee for all returned checks or credit/debit card chargebacks.

Holidays: We will be closed the following days this session: [09/07/2026 for Labor Day; 11/24/2026 and 11/25/2026 for Thanksgiving Break; 12/21/2026–01/01/2027 for Christmas and New Year's Break; 03/15/2027–03/17/2027 for Spring Break. These holidays are built into the session].

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/Guardian Signature _____ Date _____

EASLEY GYMNASTICS

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 Strikeforce Athletics, LLC, hereafter "Easley Gymnastics"). I recognize that potentially severe injuries and illnesses, including 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, on behalf of myself, my child, and our respective heirs, successors and assigns, hereby release Strikeforce Athletics, LLC, its owners, members, managers, 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, members, managers, officers, employees, teachers or coaches, to the fullest extent permitted by law.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to be personally responsible for any 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.

Parent/Guardian Signature _____ Date _____

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, fundraisers or other Easley Gymnastics sponsored activities. 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, 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 videos taken by other parents.

YEARLY MEMBERSHIP FEES

[August 3, 2026 – May 19, 2027] – $40 per child. Family maximum $70.

DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

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