



19 Warehouse Row * Albany NY 12205
518-977-3028 * acegymnasticsalbany.com

REGISTRATION FORM

Participant Information

Participants Full Name: _____ Date of Birth: _____ M/F: _____

Medical Condition or Allergies we should be aware of: _____

Desired Class: _____ Class Day: _____ Class Time: _____ Permission for photo use Y/N

Participant's Family Information

Contact #1

Name: _____ Mother/Father/Guardian/Grandparent/Spouse/Other

Phone#: _____ Email: _____

Contact #2

Name: _____ Mother/Father/Guardian/Grandparent/Spouse/Other

Phone#: _____ Email: _____

Home address: _____

Emergency Contact: (In case of emergency and the above cannot be contacted)

Name: _____ Mother/Father/Guardian/Grandparent/Spouse/Other

Phone#: _____

Policies and Procedures

COVID-19 RELEASE

I acknowledge the contagious nature of certain bacteria/viruses, including, without limitation, COVID-19, and voluntarily assume the risk that me/my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending Ace Gymnastics and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Ace Gymnastics may result from action, or omissions, of me and others, including but not limited to, Ace Gymnastics employees, volunteers, program participants, and their families.

MAKE UP CLASS POLICY

Make up classes are provided for students under the following conditions: 1) Availability in appropriate class for make up. 2) Maximum of ONE (1) make up is allowed per class session (unless otherwise noted). 3) Make up class MUST be scheduled with office staff in advance. 4) Make Up classes can not be carried over into new session. 5) No make up classes will be scheduled the first or last week of session. 6) Failure to attend scheduled make up class will result in forfeiture of the make up.

CANCELLATION POLICY

A full refund minus the pro-rated amount of the classes taken will be issued until the third (3rd) week of session. After that point, a credit will be issued minus the non-refundable \$40.00 registration fee. CONSUMERS RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION FROM THREE (3) DATES FROM THIS DATE- ADDITIONAL RIGHTS TO CANCELLATION: You may also cancel this contract for any of the following reasons: 1) If upon doctor's order you can not physically receive the services because of significant physical disability for a period in excess of six (6) months. 2) If you die, your estate shall be relieved of any further obligation for payment under the contract not then due and owing. 3) If you move your residence more than 25 miles from any health club operated seller. 4) If the services cease to be offered as stated in the contract. 5) All money paid pursuant to such contract cancelled for the reasons contained in this subdivision shall be refunded within 15 days of receipt of such notice of cancellation.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

Warning: By the very nature of the activity, gymnastics and dance carry a risk of physical injury. No matter how careful the student and instructor are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bone bruises, and more serious injuries such as broken bones, dislocation and muscle pulls. The risk also includes, catastrophic injuries such as permanent paralysis, or even death from landings or falls on the back, neck or head. You hereby waive any claims or rights that you might otherwise have to sue Ace Gymnastics, LLC, our employees, owners or officers for injuries that might occur as a result of any activity conducted at Ace Gymnastics. You assume all liability and risk. If injury should occur to the above named while participating in any Ace Gymnastics activity, I hereby authorize Ace Gymnastics to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make the full payment, I will accept the remainder of the responsibility.

Parent/Guardian Signature: _____ Date: _____