

For office use only- do not write in box  
Class D/T \_\_\_\_\_ / \_\_\_\_\_  
Pay method cash /check# \_\_\_\_\_  
Reg.fee \_\_\_y\_\_\_ n/a \_\_\_\_\_  
TAPTOG \_\_\_\_\_  
DOE \_\_\_\_\_ DD \_\_\_\_\_

ENROLLMENT FORM  
OLYMPIA GYMNASTICS, LLC.  
9625 Scipio Lane  
Myrtle Beach, SC 29588  
(843) 238-0282

**How did You Hear About Us?**

TV Internet Friend Radio Phonebook Print ad  
Previous Customer Current Enrollee (Name): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female Grade: \_\_\_\_\_ School: \_\_\_\_\_

Previous Gymnastics experience: Y/N If yes, where? \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Day-time Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

MUST BE OTHER THAN PARENT / GUARDIAN

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INITIAL ALL 13 LINES

\_\_\_\_\_ **ENROLLMENT OBLIGATION:** Parent/Guardian is responsible for making tuition payment on time and in full by each due date. If your payment is received late, a \$5.00 late fee will be charged to your account. If you need to discontinue your child from the program, we must receive a notice in writing either dropped off at the front desk or mailed BEFORE the next month. If we do not receive notice, you may be billed for subsequent month until we receive a discontinue notice.

\_\_\_\_\_ **AGREEMENT TO PARTICIPATE:** I understand that gymnastics like, any other situation involving height and movement, involves risk and the chance of serious injury. This participant has no problem that might compromise their safe involvement.

\_\_\_\_\_ **RELEASE:** I understand that Olympia Gymnastics, LLC does not carry medical insurance for participants. I hereby consent to have my child/ward participate in programs offered by Olympia Gymnastics. Precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries. Parent or emergency contact will be notified if necessary. I hereby agree that my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against Olympia Gymnastics, LLC, Valentin Spirov, facilities and use or its representatives, whether paid or volunteer, for any accidents, injury, damage, or death that may occur in connection with the gymnastics program or activities related to Olympia Gymnastics, LLC. I fully understand the risks involved in respect to such programs, and all such documents will continue to be in effect during any further use of Olympia Gymnastics facilities or event participation.

\_\_\_\_\_ **PERMISSION FOR MEDICAL TREATMENT:** I confirm that the above participant is in good health. I hereby authorize Olympia Gymnastics, LLC to administer simple first aid. I also authorize a medical exam, x-rays, or a medical/surgical diagnosis as deemed necessary by the participant's physician or hospital.

Allergies: \_\_\_\_\_

Past Injuries: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Legal Guardian or Adult Participant)

\_\_\_\_\_ **PAYMENT:** Payment is due one week *PRIOR* to the first lesson of the month. *If payment is late (unless you are registering) a \$5.00 late fee* will be charged to your account. If payment is not received by the first lesson, your child may be asked to sit out. When paying by check, please be sure to write your child's name in the memo area to assure payment is applied to the correct account. Any account that needs collection activity may be subject to additional fees. Once a month has started, no cash/check or credit card refunds will be given. Annual registration fee of **\$45.00** will be applied automatically to your account when due.

\_\_\_\_\_ **MAKE-UP LESSONS:** If you or your child is unable to attend, we allow make-ups in other classes. *Make-ups are only valid for 30 days after the student has missed his/her scheduled classes. Two make-ups are allowed per month. We will not credit the missed classes to next month. Make-ups must be scheduled with the front office PRIOR to the class the student will be making up. When scheduling make-ups, you must indicate the day the student missed. If you are mistaken your account will be subsequently charged. There will be no make-ups for competitive teams. You must be a current member to do make-ups. Make-ups can also be used for FRIDAY OPEN GYM.*

\_\_\_\_\_ **DISCONTINUE POLICY:** A written notice is required before the start of the next month your student will miss. If you do not provide a note, you will receive a bill for subsequent month until we receive a written notice. See office for discontinue forms.

\_\_\_\_\_ **CREDITS/REFUNDS:** Credits and refunds will be issued to parents/guardians only in the case of prolonged illness or serious injury. A written doctor's confirmation must accompany all requests.

\_\_\_\_\_ **SAFETY:** No parents are allowed in the gym area, unless authorized by the office. Absolutely no students are allowed in the gym until their class starts. If your child is caught playing on the equipment or is in the gym area without the supervision of an Olympia Gymnastics, LLC employee, your child will be asked to leave the gym. I, as a parent or guardian, understand that any injuries due to my negligence are my responsibility and Olympia Gymnastics, LLC cannot be held accountable.

\_\_\_\_\_ **DROP OFF/PICK UP POLICY:** Parents are responsible for child's safety before and after class. Parent and children must be on time dropping off and picking up children. Classes will start promptly when scheduled. Be sure your child arrives on time. Tardiness can be distracting to others. Parents can arrange, with office, for early drop off and late pick up for additional fee.

\_\_\_\_\_ **VOLUNTARY CONSENT PHOTO RELEASE:** I understand that Olympia Gymnastics, LLC, (also known herein as OG) from time to time produces promotional materials about its gymnastics and other facilities, programs and competitions where OG is represented. I, on my own and my Child/Athlete's behalf, hereby give permission to my Child/Athlete to be photographed, videotaped and or audiotapes for use in print or broadcast media, including brochures, websites, and/or otherwise as deemed appropriate for promotional and informational purposes, and authorize OG and/or its agents, successors, licensees and assigns, the right to photograph and/or videotape my Child/Athlete's face, likeness, voice and appearance, without limitation or reservation, or for any form of compensation. OG and its agents will not sell its photos for any purpose. I further understand that OG is under no obligation to exercise any of such rights, licenses or privileges. OG is not responsible for the actions of others.

\_\_\_\_\_ **Summer Camp Payment Policy:** Payments are due in full, every Friday for the following week. Late payments are subject to a late fee of \$5.00. All payments are nonrefundable and nontransferable. No portion of the weekly payment will be carried over to the following week.

\_\_\_\_\_ **After School Care Permission Agreement:** I/we give Olympia Gymnastics, LLC permission to pick my child/children up from their school and transport them to the Olympia Gymnastics facility for after school care.

I accept responsibility for the health of my child. I accept the responsibility to know and acknowledge that before sending my child to Olympia Gymnastics, LLC to be sure they are fever and symptom free for at least **24 hours**. By signing this agreement, I acknowledge that the contagious nature of COVID 19 and other contagious illnesses. I voluntarily assume the risk that my children and / or I may be exposed to or infected by COVID 19 or other contagious illnesses while attending, visiting and participating in / at Olympia Gymnastics, LLC, and that such exposure or infection may result in personal injury, illness, permanent disability, or death.

I have read, initialed, understand and agree to all the above policies.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Legal Guardian or Adult Participant)

Please list names of persons other than parent/guardian who have your permission to pick up your child from Olympia Gymnastics.

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_