



435 Washington Street Collierville, TN 38017
office@gymstarsgymnastics.net

Recreational Gymnastics Registration Form

2020-21

_____ Returning Student

_____ New Student

Child's Name	Sex	Age	Date of Birth
1.			
2.			
3.			

Mother's Name: _____ Father's Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email: _____ Alternate Contact: _____ Phone: _____

Are there any medical conditions we should be made aware of? No Yes

Please specify:

Do you have any of the following symptoms?

New and persistent cough Shortness of breath or any difficulty breathing Fever 100+ Sore throat
 Body aches/ Muscle pain New loss of taste or smell Headache No symptoms

Have you been in contact with anyone in the last 14 days who is experiencing these symptoms? Yes No

Have you been in contact with anyone who has since tested positive for Covid-19? Yes No Not Sure

Have you travelled outside of Tennessee in the last 1-2 months? Where did you go? _____

Child's Name	Class	Day	Time
1.			
2.			
3.			

How did you hear about us? Website Birthday Party Ad/Publication Which one? _____
 Other _____ Friend Who? _____

PAYMENT INFORMATION:

Annual Registration fee _____ Tuition _____ Total Due _____ Payment Info: _____

Please Check Payment Method: 1 Semester Fall or Spring (5 ACH monthly payments)
 2 Semesters Fall & Spring (10 ACH monthly payments-NO DROP)
 Yearly Plan Fall & Spring + Summer (12 ACH monthly payments -NO DROP)

All monthly payment plans must have a credit card authorization on file. Absolutely No Refunds!

I fully understand Gymstars Gymnastics tuition payment policies. In the event that my account is past due, I authorize Gymstars to charge the credit card on file to collect payment for unpaid tuition and all other unpaid items charged by me and/or my student(s) on my personal account that are outstanding on the 7th of each month. I understand the charges applied to my credit card will include a \$20 late fee as specified in the payment policies. I am aware that check payments or automatic checking debit transactions with insufficient funds will result in a \$35 returned fee.

Signature of Parent/Legal Guardian

Date

Please complete and sign the Liability and Medical Waiver on the back of this form.

GYMSTARS, LLC
REGISTRATION FEES * MEDICAL INFO * ASSUMPTION OF RISK
LIABILITY WAIVER * PHOTO RELEASE * MEDICAL AUTHORIZATION

★READ CAREFULLY BEFORE SIGNING★

Medical Information:

Emergency contact _____ Relationship to child _____ Phone _____
Allergies and/or Medical Conditions _____
Any medications your child is taking _____
Doctor _____ Phone _____ Preferred hospital _____
Medical Insurance Company _____ Policy or Group # _____

In consideration for the acceptance of _____ as a Class student at Gymstars (from here on referred to as the Gymstars) and in recognition of the fact that certain risks pertaining to personal injury are inherent and involved in the sport and training of gymnastics, dance, and/or cheer, the following is expressly agreed and understood by all parties.

1. Student and undersigned parent(s) or guardian(s) agree and acknowledge (I) that the entire risk of personal injury to the student is assumed by the student and parent(s); (II) that any and all claim, demand, liability or cause of action, whatever, arising out of any such personal injury are waived by the student and parent(s) or guardian(s) and the undersigned release and by the Gymstars who engage and assist in the instruction of gymnastics, dance, and/or cheer, (III) the student and the undersigned parent(s) or guardian(s) will indemnify and hold harmless the Gymstars, and its employees, against, servants and all other persons, firms or corporations of and from any and every claim or demand of every kind or character, which may be asserted by reason of injury; (IV) that the Gymstars, its employees, and all other authorized Gymstar personnel waive any claim may have for personal injury which may cause in whole or part by the student.
2. This agreement applies to any and all personal injuries, accidents or events which may occur at any one of more time while the student is enrolled in the Gymstars, including, but not limited to the following: while traveling to and/or from, present at, participating any and all instructional classes, practice sessions, exhibitions, clinics, and/or competitions or events.
3. I recognize that severe injuries, including, permanent paralysis or death can occur in sports or activities involving height or motion, these activities including, but not limited to, gymnastics, tumbling, trampoline, acro skills, dance, cheerleading, ball sports. Being fully aware of these dangers, I hereby give consent for my, child(ren) to participate in any and all Gymstar gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child(ren) to participate I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Gymstars; It's officers, directors, shareholders, employees, contractors and volunteers, from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.
4. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation. I hereby grant my permission for my child's likeness to be used in Gymstars publicity or advertising.
5. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Gymstars and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Gymstars.
6. I understand that if collection becomes necessary, I will be responsible for all collection fees, attorney fees, and/or administrative costs of up to 35%. I will also be responsible for paying all finance charges as well as any and all fees associated with collection.
7. I hereby acknowledge the symptoms on previous page and confirm that I as well as all the members of my household, have not experienced any listed symptoms in within the last 30 days.
8. I confirm that I, as well as all members on my household, have not been diagnosed with COVID-19 within the last 30 days.
9. I confirm that I, as well as all members on my household, have not knowingly been exposed to anyone diagnosed with COVID-19 in the last 30 days.
10. I understand the potential health risks associated with unintentional exposure to the COVID-19 virus. By signing below, I agree to release this facility and its staff from all liability concerning any possible exposure and health risks associated with COVID-19, I may encounter due to my child(ren) participation.

BY SIGNING THIS AGREEMENT, I/WE ACKNOWLEDGE THAT WE HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND THE INTENT OF THIS AGREEMENT AND AGREE TO BE LEGALLY BOUND BY THE TERMS AS STATED ABOVE.

Parent/Guardian's _____ Date _____
Signature

Employee Signature _____ Date _____