

WEST SIDE GYMNASTICS, LLC. REGISTRATION FORM

Child's First Name		Last Name		M/F	Age	DOB
Child's First Name		Last Name		M/F	Age	DOB
Child's First Name		Last Name		M/F	Age	DOB
Parent/Guardian Name				Address		
City	Zip	Phone	Email			
How did you hear about West Side?					(We email weekly updates/reminders/&closings)	
Emergency Contact (non-parent or guardian)			Phone	Relationship		

****Please read this entire form before signing, certifying and agreeing.***

RELEASE FROM LIABILITY

ACKNOWLEDGEMENT OF RISK

I understand and fully appreciate that the sport of gymnastics involves certain inherent risks and is a hazardous sport. I further understand and fully appreciate that the inherent risks in the sport of gymnastics include risk of injury to the wrist, knees, feet and ankles, and lower back as well as a risk of serious bodily injury. As the parent and guardian for my child, I assume such risks on behalf of my child.

CONSENT TO PARTICIPATE

As the parent(s) or legal guardian(s) of the student named above, I hereby consent to their voluntary participation in the programs offered by West Side Gymnastics, LLC. and to the use of all facilities owned by West Side Gymnastics, LLC.

WAIVER/RELEASE AGREEMENT

In consideration of your accepting my child as a student, I hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all rights and claims for damage and/or ordinary negligence I may have against West Side Gymnastics LLC., its agents, representatives, successors, assigns, management and instructors, for any and all injuries and losses suffered by me and mine in connection with participation in any program of West Side Gymnastics LLC., or otherwise while at West Side Gymnastics.

ACCIDENT, ILLNESS, & INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES

I understand that West Side Gymnastics, LLC, its agents, representatives, successors, assigns, management and instructors, are not responsible for injuries sustained due to illness or accidents sustained while participating in, or while traveling to and/or from, West Side Gymnastics, LLC programs, or for injuries sustained due to my own, or the negligence of my heirs, executors, administrators, and assigns. Furthermore, I hereby agree to individually protect West Side Gymnastics, LLC for the possible future medical expenses that may be incurred by my child as a result of any injury sustained while participating in any program of instruction, recreation or competition at, for, or under the direction of West Side Gymnastics, LLC.

I certify that my child has had a medical examination to assure physical fitness and capability to perform the programs offered by West Side Gymnastics, LLC. Additionally, I certify that my child is free from communicable disease and participation in programs offered by West Side Gymnastics, LLC will not endanger his/her health or that of any other participant.

In the event of an emergency, West Side Gymnastics, LLC. has my permission to render any necessary first aid treatment to my child while in attendance at West Side Gymnastics, or at any other location during an event sponsored by West Side Gymnastics, LLC. To the extent that West Side Gymnastics, LLC determines that a situation calls for the need to contact emergency medical services, we reserve, and you consent to our ability to do so.

Signature hereon acknowledges that the undersigned has read and fully understood the terms and conditions set forth above and voluntarily agrees to those terms and conditions.

Parent/Guardian:

Print Name _____ Signature _____ Date _____

MEDICAL CONDITION(S) OF CHILDREN

Please list any and all medical and/or behavioral conditions that could possibly affect your child's participation in our programs. Also list any allergies that your child has. If there is anything else that you believe we should be aware of, please list those items as well.

Insurance Coverage: _____

Parent/Guardian:

Print Name _____ Signature _____ Date _____

FINANCIAL AGREEMENT AND POLICIES

MONTHLY TUITION: Tuition is paid *monthly* via *direct debit* from any *major credit or debit card* on the *15th day of the (preceding) month*. Declined payments (expired card, etc.) will incur a \$5.00 fee and must be remedied on or before the 20th day of the month or you risk losing your class spot to a student on the wait list. Tuition is budgeted on a 48-week year which allows for 4 weeks off through the year. Over the year, all 12 months average four weeks, so we do not change pricing for longer or shorter months. Make-ups can be scheduled where there is space available, but are not guaranteed.

MANUAL PAYMENT OPTION: To opt out of direct debit, simply pay your tuition in the office or over the phone *by 7:00pm on the 13th of the month* and your card on file will not be charged.

WE DO NOT INVOICE: Monthly tuition reminders will NOT be sent. We will notify you by email or a call if your tuition is unable to process or is not received.

ANNUAL REGISTRATION FEE: \$35 per student/ \$60 per family will automatically be added to your monthly charges each year on the month you joined.

We are a *year-round program* with *no long-term commitments*. You may enroll or un-enroll *anytime*. Tuition is prorated in weekly increments based on your enroll and un-enroll dates.

UN-ENROLLING: To un-enroll from class, you must fill out a *drop slip* including the *future date* of your last desired class. Upon receiving your request, we will update your enrollment accordingly. **No refunds or credits will be issued for missed classes.**

MEDICAL REASONS: For medical conditions validated by a medical practitioner's written statement, a prorated credit will be issued based upon the date the statement is received (requests after-the-fact eliminate the opportunity to fill a vacated class spot). Refunds will be processed within 14 days.

Parent/Guardian:

Print Name _____ Signature _____ Date _____

VIDEO/PICTURE RELEASE

We may use pictures or videos for promotions of West Side Gymnastics, LLC. through our website and social media. At your request, a video or picture of your child will be removed.

Parent/Guardian:

Print Name _____ Signature _____ Date _____