

TODAY'S DATE: _____

REGISTRATION

Please read agreement on reverse side before you register

1. **STUDENT'S NAME:** _____ BIRTHDATE _____ AGE _____ SEX _____

CLASS/ DAY/ TIME _____ START DATE _____

Credit Card # _____ Exp. # _____ Verification Code _____

Name on Credit Card _____

Billing address on Credit Card, if different than contact info. below _____

Would you like to use our Monthly Auto-Pay Program for tuition? Please circle Yes No (Required if paying every 4-weeks)

FATHER'S NAME: _____ FATHER'S CELL: () _____

MOTHERS'S NAME: _____ MOTHER'S CELL: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: () _____ E-mail Required: _____

2. **2nd STUDENT IN FAMILY:** _____ BIRTHDATE _____ AGE _____ SEX _____

CLASS DAY/TIME _____ START DATE _____

3. **3rd STUDENT IN FAMILY:** _____ BIRTHDATE _____ AGE _____ SEX _____

CLASS DAY/TIME _____ START DATE _____

In case of an emergency the person *other* than the parents to be notified is:

Name/Relationship _____ Emergency Phone _____

Medical Authorization and Agreement to Policies

I fully understand that the staff of Patti's All-American Gymnastics, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release Patti's All-American Gymnastics, Inc. to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Patti's All-American Gymnastics, Inc. **INITIALS X** _____

Does your child have any medical conditions (mental or physical) or medications we should be aware of, including but not limited to **(circle all that apply)**; seizures, Downs Syndrome, dizzy spells, previous neck or spine injuries or conditions, high blood pressure, diabetes, autism, epilepsy, heart condition etc. *****ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE claiming your child is fit enough to take "GYMNASTICS" and/or "DANCE", CHEER, or KARATE BEARS. ***Please list any other such as asthma, broken bones, or write "none".** _____ **If my child requires an**

inhaler to be brought to class, I understand I am required to stay with him/her or get a doctor's release. INITIALS X _____

I understand to keep my child in class, tuition for every 8 weeks will be due on Week-7 of the present pay period or I can take advantage of the Monthly Auto-Pay program. If payment is not made by the end of week-7, tuition and any other fees or balances on my account such as: *annual registration fee, special events, or merchandise* will be charged using my credit /debit card on file. If I choose to un-enroll my child, it is my responsibility to inform the office before the scheduled payment date. A \$10 processing fee will be charged on a refund if payment has been made on my account.

Parent/Guardian Signature: X _____

OFFICE USE ONLY

Date paid _____

CA CH VS
MC DEBIT
AUTO PAY

Initial J.Rabbit _____

Returner _____

Joiner _____

Trial Yes / No

Future Drop Date

Reg. Due Date

**For Office Use
Only**

JPC JCa

**WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF
BODILY INJURY, DEATH OR DAMAGES**

As a parent or legal guardian of **(CHILD'S NAME)** _____, hereafter, child(ren) I hereby consent to his/her participation in **gymnastics, tumbling and trampoline, swim, dance, karate, birthday parties, special events & activities including inflatables, camps and any and all other programs** offered by Patti's All-American Gymnastics, Inc. I understand that participation in gymnastics, trampoline, karate, dance, and any and all other activities at Patti's All-American Gymnastics, Inc. may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death from various causes, known and unknown, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks **involved in gymnastics, trampoline, swim, dance, karate, birthday parties, special events & activities including inflatables, camps, and any and all other activities** offered by Patti's All-American Gymnastics, Inc. and the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Patti's All-American Gymnastics, Inc., I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Patti's All-American Gymnastics, Inc. It is also my intent to release Patti Komara, Patti's All-American Gymnastics, Inc. and any agent, employee, representative, or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

By signing this I understand that even though I am not taking gymnastics, karate, and/or dance lessons and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Patti's All American Gymnastics, Inc. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries, or even death. This includes outside the building in the parking lot and all surrounding areas. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped, audio-taped or photographed by any means and are granting full use of your likeness, voice and words without compensation. I understand I need to give you a one-month notice if I choose not to return to class.

Has the parent/participant accompanying the child out into the gym or dance room had any recent surgeries or injuries? _____

Did anyone refer you to our gym? They receive \$20.00 towards their tuition and a spin on the 'Wheel of Fortune'. Name: _____			
How did you hear about Patti's? Sign by Street _____	Yellow Pages _____	Newspaper - Which Ad? _____	Word of Mouth _____
Entertainment Coupon _____	Birthday Party _____	Other (Please specify) _____	

X _____ **Date** _____
PARENT'S SIGNATURE

NOTE: If someone other than yourself accompanies your child to class they need to sign under additional participant's signature.

X _____ **Date** _____
ADDITIONAL PARTICIPANT

SEE OTHER SIDE FOR MEDICAL AUTHORIZATION