



# Adrenaline Gymnastics Registration Package – Version 021611

## General Information (all info required):

- Mother's Name \_\_\_\_\_ Fathers Name: \_\_\_\_\_
- Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
- Primary Home Ph. \_\_\_\_\_ Primary Cell Ph. \_\_\_\_\_ Primary Work Ph. \_\_\_\_\_
- Email Address: \_\_\_\_\_
- *Do you have other children already enrolled at Adrenaline Gymnastics (circle one)?* Y / N

How did you hear about us?  Ad/Flyer  Friend  Saw us at a meet  Website  Walk In  Other \_\_\_\_\_

<b>Student #1</b>		
Name: _____ M / F: _____ Age: _____ DOB: _____ Physical Exam In Last 3 Yrs? _____	Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event of emergency medical attention being required (significant past injuries, allergies, fears, etc.) _____ _____ _____	<b>Office Use Only:</b> Trial Class Code : _____ Trial Date: _____ Date Enrolled: _____ Class Enrolled In: _____
<b>Student #2</b>		
Name: _____ M / F: _____ Age: _____ DOB: _____ Physical Exam In Last 3 Yrs? _____	Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event of emergency medical attention being required (significant past injuries, allergies, fears, etc.) _____ _____ _____	<b>Office Use Only:</b> Trial Class Code : _____ Trial Date: _____ Date Enrolled: _____ Class Enrolled In: _____
<b>Student #3</b>		
Name: _____ M / F: _____ Age: _____ DOB: _____ Physical Exam In Last 3 Yrs? _____	Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event of emergency medical attention being required (significant past injuries, allergies, fears, etc.) _____ _____ _____	<b>Office Use Only:</b> Trial Class Code : _____ Trial Date: _____ Date Enrolled: _____ Class Enrolled In: _____

## Emergency Information:

- Families primary accident/medical insurance carrier \_\_\_\_\_
- Please list a contact person(s) in the event you can not be reached in an emergency situation:

Name \_\_\_\_\_ Ph. \_\_\_\_\_ Relation: \_\_\_\_\_

Name \_\_\_\_\_ Ph. \_\_\_\_\_ Relation: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Office Use Only:

Date: \_\_\_\_\_ A/P Selected: Y / N Tuition Chrg: \$ \_\_\_\_\_ Membership Chrg: \$ \_\_\_\_\_ Deposit Chrg: \$ \_\_\_\_\_

Total Charged: \$ \_\_\_\_\_



# Adrenaline Gymnastics Academy Registration Package

## Club Release and Waiver

In consideration of the permission granted my child to participate in an Adrenaline Gymnastics Academy program, (hereinafter referred to as the "Activity"), I, the parent or legal guardian of the above named child, make the following representations:

- (1) I understand the nature of the Activity that my child will participate in, and I represent that, to the best of my knowledge, my child is qualified, in good health, and in proper physical condition to participate in the Activity. I further represent and acknowledge that, should I ever believe that any of the above representations become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child, that it will be my responsibility to immediately discontinue my child's participation in the Activity.
- (2) I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my child's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "releases" named below. I further understand that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that I may incur as a result of my child's participation in the Activity.
- (3) I understand that parents should make their children aware of the possibility of injury, and have encouraged my child to follow their coaches' instructions regarding their gymnastics training at all times. In addition, I understand that it is imperative that my child's instructor have their full, undivided attention during class to lessen the chance on injury. As such, I understand that while I am encouraged to be a spectator for the Activity, at no time am I to interact with my child, or their instructor, while they engaged in the Activity, and at no time am I allowed to enter the actual gated training area. In the event I must have my child's, or their instructor's attention for any reason during the Activity, I will bring it to the attention of the front office for action or resolution.
- (4) In the event my child is injured or becomes ill when I am not present and reasonable efforts to contact me at the phone numbers I have listed above have been unsuccessful, I hereby give my consent for (1) general first aid to be provided by AGA Staff, (2) the transfer of my child to any hospital or medical facility that is reasonably accessible if deemed necessary by AGA staff, and (3) the administration to my child of any treatment deemed necessary by any licensed physician or dentist. This authorization does not cover major surgery unless the opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child's medical history (allergies, medications being taken, physical impairments, etc.) are listed above.
- (5) I hereby give my approval of and consent to my child's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity. I hereby release, acquit, covenant not to sue, and forever discharge, and agree to indemnify and save harmless Adrenaline Gymnastics Academy, Inc., its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity, of and from any and all actions, causes of action, claims, or demands, of whatever name or nature arising out of injuries to or death of the above named child as a result of the Activity and the transportation of the above named child thereto and therefrom.

**I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.**

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Enrolled Children's Printed Names: \_\_\_\_\_  
\_\_\_\_\_



# Adrenaline Gymnastics Academy Registration Package

Parents Name: \_\_\_\_\_

## **General Rules, Policies, & Fees Acknowledgements:**

I have received the general rules, policies, and fees document for members of Adrenaline Gymnastics Academy. I understand all rules and policies contained therein, and understand that Adrenaline Gymnastics may change, delete, suspend, or discontinue parts of the rules and policies at any time, and at their sole discretion. Furthermore, I understand that changes to AGA's policies shall be posted in a conspicuous place within the AGA facility, are effective upon posting, and that it is my responsibility to periodically review said policies. By continued enrollment of my child/children after changes to these terms and conditions have been posted, I agree to accept the changes and abide by them whether or not I have reviewed them. THE BELOW ACKNOWLEDGEMENTS ARE THE MAJOR EXCERPTS FROM THE RULES, POLICIES, & FEES DOCUMENT PROVIDED TO YOU UNDER SEPARATE CORRESPONDANCE, AND DO NOT ALLIEVIATE YOU FROM THE RESPONSIBILITY OF THE POLICIES IN THEIR ENTIERTY

### **AGA Tuition Policy Summary**

- \_\_\_\_\_ (init) I understand that tuition is due in full on or before the first of every month, and due to that fact, AGA does not send invoices via US Mail.
- \_\_\_\_\_ (init) I understand that should I desire to obtain updates or reminders regarding tuition or other fees due that I MUST provide an email address on the first page of this enrollment package, and that not providing such address does not alleviate me of any responsibilities.
- \_\_\_\_\_ (init) I understand that if tuition is received by AGA after the 7<sup>th</sup> of the month, my account will be charged a late fee in accordance with the AGA tuition policy.
- \_\_\_\_\_ (init) I understand that although AGA's tuition is charged monthly, enrollment is continuous until I provide written notice per AGA's enrollment & class drop policy, and that I am responsible for the monthly tuition through the end of such notice time.
- \_\_\_\_\_ (init) I understand that should I choose to not sign up for AGA's auto-pay program, that upon initial enrollment I am required to pay a deposit which will be placed as a credit on my account until such time it is required to cover costs incurred by me (i.e. tuition, fees, etc.).

### **AGA Membership Fee Policy Summary**

- \_\_\_\_\_ (init) I understand that the membership fee is an annual charge which will be due again on the first day of the anniversary month I initially signed my child up for classes at AGA.

### **AGA Proration & Refund Policy Summary**

- \_\_\_\_\_ (init) I understand that AGA does not prorate or refund any charges due unless specifically identified as an exception in the AGA Proration and Refund Policy.

### **AGA Drop off-Pick Up Policy Summary**

- \_\_\_\_\_ (init) I understand that, for my child's safety, if they are more than 10 minutes late to class AGA may not allow my child to attend class for that day, and that tuition will not be prorated if my child is not allowed in class due to tardiness.
- \_\_\_\_\_ (init) I understand that for the safety of my child, I MUST come inside to pick up my child and **that I am not to park in the fire lane in front of the building to wait for them to come outside.**
- \_\_\_\_\_ (init) I understand that should I continuously be late to pick up my child from their class, AGA may charge me fees in accordance with AGA's Drop-Off & Pick-Up Policy.



# Adrenaline Gymnastics Academy Registration Package

Parents Name: \_\_\_\_\_

## **General Rules, Policies, & Fees Acknowledgements (cont'):**

### **AGA Make-Up Missed Class Policy Summary**

- \_\_\_\_\_ (init) I understand that AGA will only allow a maximum of one client initiated makeup class per month for my child
- \_\_\_\_\_ (init) I understand that AGA will only allow a client initiated makeup class to be scheduled in a class that does not have full enrollment, or when and where it does not interrupt the safety or the quality of instruction for those children registered in the desired makeup class time. Should no makeup class be available for my child, I am still responsible for all tuition due.
- \_\_\_\_\_ (init) I understand that I must call the AGA front office **prior** to the missed class to qualify for a make-up class.
- \_\_\_\_\_ (init) I understand that for certain AGA initiated gym closures (i.e. National Holidays, Competitive Team meets held, etc) AGA will open up additional makeup opportunities and that it will be my responsibility to schedule my child's makeup class accordingly. Choosing not to attend the afforded makeup does not make me eligible for any tuition proration.

### **AGA General Rules Summary**

- \_\_\_\_\_ (init) I understand that, with the exception of Parent/Tot classes, at no time are spectators/parents allowed inside the gated area of the gym without being escort by an AGA employee.
- \_\_\_\_\_ (init) I understand that AGA will be closed for certain national holidays throughout the year and that the annual calendar is available via the AGA website ([www.agagym.com](http://www.agagym.com)) or in the front office.
- \_\_\_\_\_ (init) I understand that AGA is not responsible for any personal items which may be left in our facility.
- \_\_\_\_\_ (init) I understand that my child may not be permitted to attend class without the proper attire.
- \_\_\_\_\_ (init) I understand that if I have other children with me while I am watching my child's class that I must supervise them at all times while in the AGA facility.

### **Photo & Video Release:**

- \_\_\_\_\_ (init) I understand that AGA will, at random class days and times, photograph or videotape certain classes during the course of instruction, or at any onsite or offsite event in which AGA is participating. I further understand that as such, there may be times that my child is in the foreground or background of said photo/video and grant my full permission to AGA to copyright, use, reproduce, publish or display all photographs/videos taken for the purpose of advertising, marketing and, public performances or displays. It is my understanding that all photographs taken by the photographer will be copyrighted, that no fee will be charged by me or my family for our services, and that all photographs may be published at any future time. **It is also understood that at no time will AGA include the child's full name in the photo or videotape unless specific approval is granted by the parent/guardian to AGA in writing.**



# Adrenaline Gymnastics Academy Registration Package

## **Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing to pay your AGA account, simply complete the form below, sign, and return to our front office. All requested information is required.

### Customer Information:

Parents Name: \_\_\_\_\_

Gymnasts Name(s): \_\_\_\_\_

### Payment Information:

I authorize Adrenaline Gymnastics Academy, Inc. to automatically bill the card listed below up to my monthly balance due, and I understand that the AGA auto-pay process will happen on or about the 1st of every month (but not before). Additionally, I understand that per the terms I agreed to at the time of registration AGA's programs are continuous enrollment until I give proper written notice to drop my child's class; as such, I understand that I MUST provide the proper written notice to the front desk in order to also discontinue billing on my credit/debit card listed below. If I do not provide such notice, my credit card will be billed and is non-refundable once charged.

Month/Year to start automatic payment: \_\_\_\_\_

### Credit Card Information

Adrenaline Gymnastics Academy, Inc. accepts the following credit/debit cards: **Visa & MasterCard**

Credit card type: \_\_\_\_\_

Credit card number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Cardholder's name (exactly as shown on card): \_\_\_\_\_

Billing Address for this card: \_\_\_\_\_

Cardholders Phone Number: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

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

Note: If another party is paying for your child's monthly tuition, their signature is required in order to process this automatic payment request.