



East Bay Sports Academy Registration & Liability Release Sports Instruction

Telephone: 925-680-9999

Email: CustomerService@EastBaySportsAcademy.com

How did you hear about us? Google/Other _____ Website _____ Sports Star Mag: _____
Newspaper __ Drive By __ Facebook __ Phonebook __ Other: _____
Friend: (First/Last Name of Friend) _____

Please Initial: _____ Two Week Written Notice (Drop Class Form) to Customer Service to Drop Class

Today's Date: _____

Parent or Guardian First Name: _____ **Last Name:** _____

Relationship to Student (mother, stepmother, grandmother, etc): _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent or Guardian First Name: _____ **Last Name:** _____

Relationship to Student (father, stepfather, grandfather, etc): _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Emergency Contact Name: _____ **Phone:** _____

Relationship to Student: _____

Please list any problems or restrictions (including those of adults who are participating with or without a child) as well as any special custody situations that would be important for us to know about: _____

First Student's Full Name: _____ Male Female Birth Date: __/__/__

First Class Name: _____ Class Day: M T W TH F S Class Time: _____

Second Class Name: _____ Class Day: M T W TH F S Class Time: _____

Second Student's Full Name: _____ Male Female Birth Date: __/__/__

First Class Name: _____ Class Day: M T W TH F S Class Time: _____

Second Class Name: _____ Class Day: M T W TH F S Class Time: _____

Third Student's Full Name: _____ Male Female Birth Date: __/__/__

First Class Name: _____ Class Day: M T W TH F S Class Time: _____

Second Class Name: _____ Class Day: M T W TH F S Class Time: _____

Release of Liability, Assumption of Risk and Payment Policies Form on the back



OFFICE USE ONLY

Email _____
Fees Posted and Collected _____
Membership Fee _____
File Folder Created _____
Payment Policies Explained _____
Returning Student _____
(No New Folder) _____

***Tuition paid one year in advance will receive a 10% discount – Military discount 10%**

As legal guardian of _____, I hereby give permission for my child to participate in programs at EBSA, LLC. I fully understand that EBSA, LLC. owners, officers, employees, and/or agents are not physicians or medical practitioners of any kind. With that in mind, I hereby release the EBSA, LLC. owners, officers, employees, and/or agents to render temporary first aid to my child in the event of any injury or illness, or seek medical help, including transportation by a EBSA, LLC. owners, officers, employees, agents and/or volunteers, to any healthy care facility or hospital, or the calling of an ambulance for said child should it be deemed necessary. Additionally, I hereby agree to individually provide for all possible medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for EBSA, LLC.

I recognize that potentially severe injuries can occur in sports or activities involving height or motion, including gymnastics, cheerleading, tumbling, and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all programs at EBSA, LLC., and ACCEPT ALL RISKS associated with participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby covenant not to sue and forever release EBSA, LLC. EBSA., its owners, officers, representatives, employees, volunteers and/or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of EBSA, LLC., including, without limitation, those damage or injuries resulting from acts of negligence on the part of its owners, officers, representatives, employees, volunteers and/or agents.

Parents, please make your children aware of the possibility of injury and encourage your children to follow all the safety rules and the instructor's instruction.

I have read and understand this MEDICAL AUTHORIZATION, ASSUMPTION OF RISK, AND WAIVER OF LIABILITY and I voluntarily affix my name in agreement.

***Initial _____ Marketing Release**

By signing below, I give permission for EBSA, LLC. to video or photograph my child for marketing purposes. I understand that EBSA, LLC. will not identify names with images, unless permitted or give or sell these images to outside companies or individuals.

***Initial _____ Payment Information**

There is an annual membership fee due at the time of registration. Tuition is due by the first day of each month. If payment is not made on or before the 1st a \$25 late fee will be added. Tuition discounts may apply. The class schedule for recreational programs is based on a 4 class per month schedule (competitive programs may vary). Students are eligible for 1 make up class each month (recreational programs only). Refunds are only granted for families moving out of Contra Costa County and medical reasons related to the participating student (doctor's note must be provided). I understand there is a \$25 returned check charge for any checks returned by the bank. I understand there is a \$25 charge if my credit card is declined. I understand that if my check is returned by the bank EBSA, LLC will require automatic credit or debit card payments for all future payments. Accounts that become 30 days overdue will be considered grounds for collections action.

***Initial _____ Credit or Debit Card Charge Authorization Agreement**

I understand that I must have credit or debit card on file. I understand that I may still pay for services, products, tuition, etc. by cash, credit/debit or check, however my credit or debit card will be charged the balance of my account if my account is not paid by the first day of each month. I hereby authorize EBSA, LLC to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at East Bay Sports Academy, including but not limited to tuition, memberships, special events, accessories, etc. (Fees are subject to change.) I understand that it is my responsibility to inform the Customer Service Office of any changes to my credit or debit card including but not limited to card expiration, name change, loss or theft of card, etc. In the event my credit or debit card is declined for any reason, I understand I will be responsible for the full payment as well as any late charges or service charges related. I have read this agreement and understand that I will be held responsible for its terms and conditions of service.

***Initial _____ Drop Class Form**

I understand that East Bay Sports Academy will assume that my child(s) will continue in their class(es) each month until I submit a drop class form. I understand that I must complete a drop class form and submit it to the Customer Service Office two weeks prior to discontinuing classes otherwise I will be responsible for any unattended classes and all account balances (It is not acceptable to turn in the drop class form to anyone except the customer service office). I understand that I am responsible to pay all account balances. If this form is not submitted to the Customer Service Office 2 weeks prior to the beginning of a new month of classes, I understand that I am still responsible to pay, (at the time of submitting this form), all tuition, fees, etc. associated with enrollment in that class(es). A Drop Class Form does not need to be submitted for class transfers. Simply call or visit the Customer Service Office to transfer classes or programs. If you are not satisfied for any reason with our program(s) we offer a 30 day 100% money back guarantee.

***Initial _____ Parents Participating in a Parent Participation Class**

Any adult accompanying a student enrolled in a parent participation class must complete the following information.

I, despite all reasonable precautions implemented for safety, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I knowingly and willingly assume all such risks. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, officers, employees, volunteers, and/or agents of EBSA, LLC. from personal injury or accident of any sort or nature suffered by me, the undersigned by reason of participation or membership in classes, lessons or any programs or activities of EBSA, LLC..

Parent's Signature

Print Name

Date

Rev. 5/8/17