

Last Name: _____

SANTA FE SPORTS

2018-2019 Registration Form

Trial Class: _____

Enrolled Class: _____

FOR STAFF USE ONLY

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
mm dd yyyy

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
mm dd yyyy

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
mm dd yyyy

Parent/Guardian Name(s): _____

Home Address: _____

Phone Number(s): _____

E-mail address (es): _____ **We primarily communicate by e-mail.**

Emergency Contacts – Who should we call in case of an emergency? (Parent/Guardian listed above will be called first.)

1st Emergency Contact Name: _____ Relationship: _____
Phone Number(s): _____

2nd Emergency Contact Name: _____ Relationship: _____
Phone Number(s): _____

(Optional) Authorized Alternate Pickup – Provide full name of specific people who you authorize to pick up your child(ren) from Santa Fe Sports.

Full Name: _____ Phone # _____ Relationship: _____

Full Name: _____ Phone # _____ Relationship: _____

Please advise the above Emergency Contacts & Authorized Alternate Pickups to add our phone number (409)925-4641

Describe any conditions relevant to gymnastics program activities and how they are being managed (e.g., asthma, environmental or food allergies, disabilities, previous injuries, ADD, ADHD etc.). All information will be held in confidence with SFS staff, only.

PLEASE COMPLETE & SIGN PAGE 2

CONSENT TO PARTICIPATION

I, the minor's parent/legal guardian or participant age 18 years or older, understand that participation in gymnastics programs and activities involve risks of serious bodily injury, including permanent disability, paralysis and death. Assumption of risk is the responsibility of participants and their parents/guardians. I affirm that I am/my child is qualified in good health, and in proper physical condition to participate in such Program. I acknowledge that if I believe event conditions are unsafe, I/my child will immediately discontinue participation in the Program. I fully understand that this Program involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my/my child's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releases" (Santa Fe Sports and its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Program takes place) named below; and 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 I/my child incur as a result of my participation in the Program. I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releases may incur as the result of any such claim.

Name of Parent/Legal Guardian/Participant 18 + Signature

Date: ____ / ____ / ____
 mm dd yyyy

CONSENT TO EMERGENCY CARE

I, the minor's parent/legal guardian or participant age 18 years or older, authorize Santa Fe Sports and its representatives and agents to take me/my child to a medical facility, if necessary, in the event of an emergency when I am unresponsive or cannot be reached. I give the medical facility permission to perform services they deem absolutely necessary.

Name of Parent/Legal Guardian/Participant 18 + Signature

Date: ____ / ____ / ____
 mm dd yyyy

How did you hear about us? Circle all that apply.	
a. Referral – whom may we thank? _____ Drive by	b. _____
c. Flyer – from where? _____ Website	d. _____
e. Magazine Ad – name of magazine? _____	

PLEASE COMPLETE & SIGN PAGE 3

Last Name: _____

Participant Name: _____

Participant Name: _____

Participant Name: _____

Parent/Guardian Name(s): _____

E-Mail: _____

ENROLLMENT POLICIES & PROCEDURES

Please read and acknowledge our policies by initialing in the spaces provided. A copy of your signed form will be provided upon request or our policies are available on our website.

Initial	Class enrollment is month-to-month so your child is automatically enrolled each month until you provide written notice of withdrawal. Class withdrawal notice must be provided in writing 30-days prior to dropping class. Last month tuition is not prorated. You may withdrawal at the front desk or send an e-mail to santafesports@yahoo.com
Initial	Payments. Auto draft payments are processed on the 1 st of each month. Tuition is due on the 1 st of each month. If an account is not on auto pay, a \$15 late fee will be assessed for tuition paid after the 10 th of each month. There is a \$5 discount if tuition is paid on or before the 1 st .
Initial	Returned checks will be assessed a fee of \$25. Once two checks have been returned, we can longer accept checks as a form of payment.
Initial	Make-up classes are allowed up to 2 per month. Make-ups must be scheduled through the front desk. No refunds for missed classes. Tuition is due regardless of attendance.
Initial	I acknowledge that I have received the Santa Fe Sports Policies and Procedures regarding tuition due date, auto pay, withdrawal notice, absences, make-up classes, gym rules, and dress code.

CREDIT/DEBIT CARD FOR AUTO PAY

Card# _____ CVV: _____ Exp Date: _____ Billing Zip: _____

Cardholder Name: _____ Signature: _____ Date: _____

RECORD OF PAYMENTS

Date	Fee Type	Amount
	Annual Registration Fee	\$40