



TOP FLIGHT GYMNASTICS TRAINING CENTER ENROLLMENT FORM AND WAIVER

Complete the following prior to any participation in any class with TFGTC. The parent or legal guardian must complete this portion.

New or Returning to Top Flight (circle one)

Guardian _____ Relationship _____

Guardian _____ Relationship _____

Guardian _____ Relationship _____

Phone Number 1 _____ Whose/Type _____

Examples: Home, Mom's cell, Dad's work, Grandma, Nanny's cell

Phone Number 2 _____ Whose/Type _____

Phone Number 3 _____ Whose/Type _____

Phone Number 4 _____ Whose/Type _____

Address _____ City/State/Zip _____

Email 1 _____ Whose _____

Email 2 _____ Whose _____

How did you hear about us? _____

1st Child _____ **DOB** _____

Are there any medical conditions that we need to be aware of? Any allergies to medications? (If so, please list)

Trial Date _____ Coach _____ Class Code _____

2nd Child _____ **DOB** _____

Are there any medical conditions that we need to be aware of? Any allergies to medications? (If so, please list)

Trial Date _____ Coach _____ Class Code _____

3rd Child _____ **DOB** _____

Are there any medical conditions that we need to be aware of? Any allergies to medications? (If so, please list)

Trial Date _____ Coach _____ Class Code _____

4th Child _____ **DOB** _____

Are there any medical conditions that we need to be aware of? Any allergies to medications? (If so, please list)

Trial Date _____ Coach _____ Class Code _____

HEALTH INFORMATION

DOCTOR: _____ PHONE NO.: _____

INSURANCE COMPANY: _____ POLICY NO.: _____

FOR OFFICE USE ONLY

Registration: _____ Tuition: _____ Total: _____ Cash/Check# _____

Computer: _____ Master Roll: _____ Instructor Roll: _____

Top Flight Gymnastics Training Center – Policies

(Please initial beside each item)

_____ **TUITION:** Tuition is due on the 1st day of each month. A late fee of \$10 will be assessed after the 8th. TFGTC sends out monthly billing statements by email. You are responsible for timely payment of your tuition whether you receive a statement or not. Monthly tuition is the same whether there are 3, 4, or 5 classes given in the month. It is based on an average of 4 classes per month through the calendar year. Tuition is not pro-rated for missed classes, nor is it refundable. *If your account becomes 30 days past due, your child's spot will be forfeited and he/she will not be able to participate until the account is paid in full.*

_____ **PAYMENT:** Payment may be submitted at the front desk, the payment box located in the parents' observation room, or mailed to Top Flight Gymnastics Training Center, 2100 Crooked Lane Blvd, Southlake TX 76092. TFGTC accepts cash, checks, money orders, VISA and MasterCard. No payment will be accepted by phone.

_____ **TRIAL CLASS:** There is no charge for this initial class. Your child will have a *spot reserved for 24 hours after trying the class.* If the office has not been contacted by then, your spot will be forfeited and given to the next person on the waiting list.

_____ **REGISTRATION:** There is an annual \$30.00 registration fee due at the time of enrollment for every child who participates in the program. This fee will be automatically billed each year on your anniversary date.

_____ **WITHDRAWAL FROM CLASS:** A 30 day notice must be given in writing. Failure to give this 30 day notice will result in the tuition being due immediately. Any remaining balance must be paid before a student can be re-enrolled.

_____ **RETURNED CHECK CHARGE:** A fee of \$25.00 will be assessed for each returned check. This fee, along with the total of the returned check, must be paid in cash or money order.

_____ **PRIVATES:** Students must be enrolled in a class to do privates with coaches. Private lessons are arranged on your own with the desired coach. The gym is not responsible for privates.

_____ **MAKE-UP CLASSES:** Every effort will be made to offer a make-up class for your child; however, there is no guarantee, due to classes being limited in size. Students have 30 days from the date of absence to make up the class. If your child does not attend the scheduled make-up class, it will be considered forfeited and may not be rescheduled.

_____ **STUDENT PHOTOS AND INTERVIEWS:** I give permission for TFGTC to use photos taken of my child during activities at the gym or off location events and use them for print and online publication and general public relations efforts. For the safety and privacy of all our students, no personal video or photography is allowed. If you have a special circumstance, please contact the office.

_____ **MEDICAL RELEASE INFORMATION:** I understand that it is my responsibility for notifying the coach of any health risks, allergies or physical complaints my child has and/or any situation they may need to understand to better coach my child. I will keep my information current on my registration form/waiver on file.

_____ **DROP-OFF & PICK-UP:** Parents are responsible for dropping off and picking up children on time. TFGTC is responsible for your children during their class time and while they are in the gym. Parents allowing their children to enter and exit the gym unattended do so at their own risk.

_____ **DRESS ATTIRE:** Please avoid clothing with buttons, snaps, hooks, zippers, or belts. All children are asked to have their hair pulled back with no hair bows. Jewelry is also discouraged during classes.

_____ **WEATHER DAYS:** TFGTC generally follows the Southlake/Carroll School District weather policy for closure. We reserve the right to close for sudden, dangerous weather predictions after school has closed for the day or to open if conditions have greatly improved. If there is a question, please call us or check our website. There will be no make-ups for bad weather closings.

_____ **POLICY CHANGES:** *Top Flight Gymnastics Training Center reserves the right to change policies, waivers, or fees.*

_____ **GYM FLOOR:** Only students who are participating in the program are allowed on the gym floor. Children are only allowed on the gym floor under the direct supervision of a coach. Parents are not permitted on the gym floor unless instructed by a coach. However, parents are always welcome to watch their children from the designated parents' observation room. TFGTC asks that parents do not stand at the gate, due to the high traffic in this area with coaches and children entering and exiting the gym floor.

I have read and agree to all of the above policies.

Acknowledgment of Risk and Waiver and Release of Liability

DISCLAIMER: TOP FLIGHT GYMNASTICS TRAINING CENTER, INC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PARTICIPATING IN PARENT'S NIGHT OUT, BIRTHDAY PARTIES OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL CLASSES OR TEAMS AT TOP FLIGHT GYMNASTICS TRAINING CENTER, INC. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TOP FLIGHT GYMNASTICS TRAINING CENTER, ITS OWNERS, OFFICERS, DIRECTORS, AGENTS OR EMPLOYEES.

In consideration of my participation, **I hereby release and covenant not-to-sue** Top Flight Gymnastics Training Center, Inc., its owners, directors, officers and any of its employees, teachers, or agents, from any and all present and future claims resulting from ordinary negligence on the part of TFGTC or others listed for property damage, personal injury, or wrongful death, arising as a result of my emerging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, whatever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

Further, I am aware that gymnastics, cheerleading, dance and any other activities I may participate in at TFGTC, are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, dance and related activities, always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles and internal organs, and that mats, pits and other safety equipment and apparatus provided for my protection, including active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but **NEVER eliminated**. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, moving equipment, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. **I am voluntarily participating in this activity with the knowledge of the risks involved and hereby accept any and all inherent risks of property damage, personal injury or death.**

I further agree to indemnify and hold harmless Top Flight Gymnastics Training Center, Inc. and all others listed for any and all claims arising as a result of my engaging in or receiving instruction at TFGTC, activities of any activities incidental thereto, whenever, wherever or however the same may occur.

Unless otherwise noted, I also give my permission to trained medical professionals to administer emergency medical treatment to me or my children, should sickness or accident occur, whether in TFGTC's facility or in transit to or during any of the activities including any activities which require outside transportation.

I affirm that I am of legal age and am freely signing this agreement. I have read this form in its entirety and fully understand that by signing this form, I am giving up legal rights and or remedies, which may be available to me for the ordinary negligence of Top Flight Gymnastics Training Center, Inc. or any person listed above.

Signature of Parent or Guardian

DATE

Signature of participant if over 18

DATE

**Top Flight Gymnastics Training Center
Auto Pay Authorization**

Customer Name: _____

Student Name(s): _____

Electronic Funds Transfer Authorization Form (EFT) – Bank Draft

As a duly authorized check signer on the financial institution listed below, I authorize Top Flight Gymnastics Training Center to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds credits to the same. This applies to check by phone payments as well as any other electronic payments. I understand the dollar amount can vary depending on the services performed. Monthly tuition and annual registration payments will be transferred on the 1st of every month. Team fees will be processed on the date they are due. Furthermore, if any such electronic debit(s) should be returned by my financial institution for any reason, including non-sufficient funds (NSF), I authorize Top Flight Gymnastics Training Center to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below. For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the account identified below.

I understand and authorize all of the above as evidenced by my signature below.

Authorizing Signature: _____ **Date:** ____ / ____ / ____

Financial Institution Account “Identifying Information”:

Enter financial institution account information into the fields provided below or *attach a blank voided check.*

Financial Institution: _____

9 Digit Bank Routing #: _____

Account #: _____