



2018/2019 Waiver/Release

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____@_____.com

Home #: _____ Cell #: _____

Student #1: _____
First Name Last Name DOB

Student #2: _____
First Name Last Name DOB

Student #3: _____
First Name Last Name DOB

Emergency Contact Information:

Name: _____ Phone#: _____

Where did hear about us? _____

TUITION POLICIES

Payments: Returned checks will be assessed a \$25.00 fee. PAYMENTS & REGISTRATION FEES ARE NON-REFUNDABLE.

Make up classes: No credits or refunds will be given for classes not attended. Students in our recreational programs may make up 2 classes per session. If we close for inclement weather, you must schedule a make-up. If your schedule does not allow for make ups, or if you reserve a make-up and do not cancel, your make up class will be lost. Missed classes cannot be carried over to another session. ALL MAKE UP CLASSES MUST BE SCHEDULED IN ADVANCE. Tuition agreement: I understand that I am responsible for the full session once my child begins classes. My credit card # is guaranteed for any payment not received and I will be automatically charged when choosing installment plans. Furthermore, I have read and understand, that I will be charged for the remaining weeks in the current session. We will not automatically renew you for the new session or summer session.

X _____ Date

Signature of Parent or Legal Guardian

RISING STARS GYMNASTICS ACADEMY WAIVER/ MEDICAL RELEASE

I am giving permission for _____ to participate in any and all activities of the program. I hereby waive, and forever release and discharge Rising Stars Gymnastics Academy, Beskol, Inc., their officers, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities. As a student or parent or guardian of a student, that is in my option to consult a physician for assurance of proper health as has been encouraged to do so by the Rising Stars Gymnastics Academy. I authorize the representative of Rising Stars Gymnastics Academy to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for Rising Stars Gymnastics Academy. I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. I do hereby verify that I understand and accept each of the above policies and conditions

X _____ Date

Signature of Parent or Legal Guardian



2018/2019 Waiver/Release

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____@_____.com

Home #: _____ Cell #: _____

Student #1: _____
First Name Last Name DOB

Student #2: _____
First Name Last Name DOB

Student #3: _____
First Name Last Name DOB

Emergency Contact Information:

Name: _____ Phone#: _____

Where did hear about us? _____

TUITION POLICIES

Payments: Returned checks will be assessed a \$25.00 fee. PAYMENTS & REGISTRATION FEES ARE NON-REFUNDABLE.

Make up classes: No credits or refunds will be given for classes not attended. Students in our recreational programs may make up 2 classes per session. If we close for inclement weather, you must schedule a make-up. If your schedule does not allow for make ups, or if you reserve a make-up and do not cancel, your make up class will be lost. Missed classes cannot be carried over to another session. ALL MAKE UP CLASSES MUST BE SCHEDULED IN ADVANCE. Tuition agreement: I understand that I am responsible for the full session once my child begins classes. My credit card # is guaranteed for any payment not received and I will be automatically charged when choosing installment plans. Furthermore, I have read and understand, that I will be charged for the remaining weeks in the current session. We will not automatically renew you for the new session or summer session.

X _____ Date

Signature of Parent or Legal Guardian

RISING STARS GYMNASTICS ACADEMY WAIVER/ MEDICAL RELEASE

I am giving permission for _____ to participate in any and all activities of the program. I hereby waive, and forever release and discharge Rising Stars Gymnastics Academy, Beskol, Inc., their officers, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities. As a student or parent or guardian of a student, that is in my option to consult a physician for assurance of proper health as has been encouraged to do so by the Rising Stars Gymnastics Academy. I authorize the representative of Rising Stars Gymnastics Academy to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for Rising Stars Gymnastics Academy. I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. I do hereby verify that I understand and accept each of the above policies and conditions

X _____ Date

Signature of Parent or Legal Guardian