

**Wiggle & Jiggle
Farmington Gymnastics Academy
Registration/Release Form**

PARTICIPANT'S NAME: _____ GENDER: _____
AGE: _____ DATE OF BIRTH: _____
SCHOOL YOUR CHILD ATTENDS _____
MOTHER'S NAME: _____ E-MAIL: _____
FATHER'S NAME: _____ E-MAIL: _____
HOME PHONE: _____
MOTHER'S CELL PHONE: _____ FATHER'S CELL PHONE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
FAMILY PHYSICIAN: _____ PHONE: _____
INSURANCE CARRIER: _____ POLICY NUMBER: _____
EMERGENCY CONTACT: _____ PHONE: _____
Credit Card on File: _____ Expire Date _____

Please read and initial the following:

_____ ANNIVERSARY FEE:

All Students will be charged an anniversary/Registration fee; due at the time of sign up for new members, and annually every September for current members. This fee is good until you drop out of the program.

_____ MAKEUP POLICY:

Because of our strict student to teacher ratio, missed classes will not result in make-up classes, cannot attend other classes, prorated tuition or refunds. No refunds for classes missed including scheduled holidays.

_____ DROP PROCEDURE:

PARENTS MUST NOTIFY FGA TO DROP A STUDENT FROM CLASS. This must be taken care of in person with the front desk 15 days prior the 1st of the month and parents will need to sign a drop form. Email notification will be accepted but confirmation Email must be received to complete. **Please note: You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS** until the time you notify the staff VIA WRITTEN NOTICE. Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification that student's account will be charged for the additional 30 days AND DROPPED FROM CLASS. This charge will be for holding the student's place in that class instead of offering that place to one of the many on a waiting list.

_____ TUITION:

I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or auto pay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 15 day written notice is required to terminate billing and **I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my student from class(es).**

_____ Tuition is due by the 1st of each month. Accounts not paid in full before the 10th are subjected to a \$5.00 late fee for every seven days the tuition balance is unpaid.

_____ If we have not received tuition payment or an effort to set up a payment plan before the 17th, your child will be dropped from class until payment has been received.

_____ RETURNED CHECK/CREDIT CARDS:

A \$30.00 late fee will be applied to any bounced checks or credit cards. Your child will not be able to participate in class until balance is paid in full.

_____ **NO REFUNDS, ALL SALES ARE FINAL.**

TEAM UNIFORMS:

I understand that in order for my child to participate in any classes or events, they are required to wear a team shirt, shorts and/or leotard. Items ordered are non-returnable, non-exchangeable, and non-refundable. Items must be paid in full before they are ordered.

ARRIVAL AND PICKUP:

Be sure your student arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your student on time. Please inform us if you know you will be late picking up your student. Because it is "drop off only", instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.

WAIVER:

As legal the guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, swimming, martial arts, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

MEDIA PERMISSION:

Parent/Guardian gives permission to Wiggle & Jiggle/FGA to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me and/or my child and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of Wiggle & Jiggle/FGA.

I understand the risk of taking part in this event that there is a possibility of injury or illness to my child, therefore I give permission for my child to participate with Wiggle and Jiggle, events and/or fieldtrips. I hereby grant permission to Wiggle & Jiggle to seek immediate medical attention for my child if he/she were to be injured. Further, I understand that I am responsible for the payment of expense incurred relating to my child's medical treatment.

HOW DID YOU HEAR ABOUT US?

I have read, understand and agree to the rules/regulations and liability.

Parent/ Guardian Signature: _____ Date: _____

List any medical conditions that we need to be aware of and any procedures that we need to take if something happens:
