

V-FORCE Elite, Inc.

Registration Form

Gymnast Name: _____ M / F (Circle one)

Birth Date: _____

Trial

New Registration

Membership Renewal

Update of Information

OFFICE USE ONLY

Name of Class: _____ Day: M/TUE/WED/THUR/FRI Time: _____

Name of Class: _____ Day: M/TUE/WED/THUR/FRI Time: _____

Membership: \$ 25

Tuition: \$ _____

Discount: \$ _____

Receipt #: _____ Total Due: \$ _____

INPUT: Class Pro! Sign Up List Skill Chart Roll Sheet Tracker Auto Pay

Guardian #1 Name: _____ Relationship to Student: _____

House Phone: (_____) _____ Cell: (_____) _____ Texting: Y/N Email: _____

Would Guardian #1 like to be on our Email Blast List & receive updates on events and specials? Y/N (Circle one)

Guardian #1 Name: _____ Relationship to Student: _____

House Phone: (_____) _____ Cell: (_____) _____ Texting: Y/N Email: _____

Would Guardian #2 like to be on our Email Blast List & receive updates on events and specials? Y/N (Circle one)

How did you hear about us: TV Website Current Member Birthday

Facebook Open Gym Friend/Current Member: _____ Other: _____

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

In case of emergency please contact: _____ () _____ Hospital

Preference: #1 _____ #2 _____ Insurance

Carrier/Company: _____ Policy Number: _____

Physician's Name: _____ Phone Number: _____

Allergies/ Special Health Concerns:

AUTOMATIC PAYMENT

I, _____ (name), authorize V-FORCE Elite to debit my credit card each month, in order to pay tuition for the month. I UNDERSTAND THAT IF CARD DECLINES OR FAILS, I AM RESPONSIBLE TO UPDATE THE OFFICE IMMEDIATELY.

I understand that any tuition changes resulting from changes in the number of classes or class level will be automatically reflected in these monthly payments. (Initial: _____)

I understand that I am responsible for payment of each class until formal written notice of withdrawal is given. If notice is not given, I will be responsible for ALL tuition charges. I must give 1 week prior to the end the month, otherwise, I will be charged the following month’s tuition. (Initial: _____)

Type of Card: Visa Mastercard American Express

Date tuition taken out: 1st/ 5th/ 10th/ 20th (circle one)

Credit Card Numbers: _____

Expiration Date: _____ CCV CODE: _____ Tuition Amount: _____

Billing Address: check here if it is the same from page 1)

Address: _____ City/State: _____ Zip: _____

Signature: _____ Date: _____

MEDICAL RELEASE AND WAIVER

It is my wish to allow _____, a minor child under the age of eighteen years to participate in activities at V-Force Elite Gymnastics (hereinafter “V-Force”). I understand that dangers and risks of my child’s participation in activities include, but are not limited to death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to all bones, ligaments, muscles tendons, and other aspects of my child’s body. I understand that the dangers and risks of playing or participating may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business, and generally enjoy life. Knowing the risks described above, I do voluntarily and on behalf of my minor child, assume all risks of any and all injuries or harm to my minor child while he/she is participating in such activities and/or while being present when other people participate in activities regardless of whether the injury is the result of negligence, gross negligence or other fault of my minor child, V-Force, V-Force’s members and officers or any other person with the exception of acts done to intentionally cause my minor child harm, or fraudulently done or done in violation of law. I hereby do **(WRITE THE WORD “RELEASE” IN THE FOLLOWING BLANK SPACE)** _____ V-Force, V-Force’s officers, directors and members from all liability on account any injuries or damages arising from my participation in and/or presence at all such gymnastic related activities.

Parent/Guardian Signature: _____ **Date** _____

MEDICAL TREATMENT RELEASE:

In the event of an accident or illness, V-Force and/or employees or officers have my permission to secure medical attention for my child, if they are unable to contact me immediately. Any attending physician(s) has my consent to administer all emergency medical measures which he or she deem necessary for the well-being of my child. Parent/Guardian

Signature _____

Date _____

PHOTOGRAPHY RELEASE:

I hereby grant permission on behalf of myself and my family to be photographed by Vforce staff, parents, or contracted photographers at any time during instruction, or at any onsite or offsite event in which 1 or our family participate. I further grant my full permission to V-Force to copyright, use, reproduce, publish or display all photographs taken of myself or my family for advertising, marketing and, public performances or displays. It is my understanding that all photographs taken by the photographer will be copyrighted, that no fee will be charged by me or my family for our services, and that all photographs may be published at any future time. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND ITS CONTENTS.

Parent/Guardian Signature _____

Date _____

Policies at V-FORCE Elite

A parent must fill out an application; pay tuition; and sign the release forms to have their child enrolled in a class at V-Force Elite. Please notify the office of any changes to your contact information. To Cancel Enrollment a parent must fill out a withdrawal card one week prior to the end of the month. If a student attends classes within any given month, tuition is due for the entire month. V-Force Elite does not pro-rate for students who withdraw mid-month. Any make-up classes scheduled after the student’s drop date will automatically be cancelled.

Rates: The number of hours per week the gymnast attends class determines the monthly fee. Monthly fees are based on 4 weeks of classes per month. (Parent’s Initial: _____)

Tuition: There is an annual membership fee of \$25 per student. Gymnast that drops out of class for one month will have to re-enroll. The gymnast’s place will not be held if they drop. A gymnast’s spot may be held by paying half of the monthly tuition. (Parent’s Initial: _____)

Missed class: Missed classes cannot be used to offset against monthly dues. Make-ups are allowed, but a Make-up Class Request Form must be submitted to the office prior to the absence. All make-ups must be approved by the office and must take place within 1 week of the absence or a make-up is forfeited. One make-up per month may be requested. Make-ups are a privilege and are not guaranteed. Make ups must be in the same level/ type of class. (For example: Bronze stars must make up in another bronze stars NOT a T-N-T class) (Parent’s Initial: _____)

Tardiness:

Any student arriving more than 15 minutes late to class will not be allowed to participate. The only exception will be with prior notice and/or phone call to the gym. It can be both disruptive and dangerous for a child to enter class late and miss the warm-up activities. We agree to supervise your

children during their scheduled class times, but we do not have the staffing to supervise your children outside of these scheduled times. *Therefore, children who are dropped off more than 10 minutes before class or picked up more than 10 minutes after class will be charged a fee. This fee is \$10 for the first 10 minutes and \$1 for each minute after that.* (Parent's Initial: _____)

Holidays: The gym will be closed the following days: New Year's Eve, New Year's Day, Memorial Day, July 4th, Easter break, Labor Day, Thanksgiving, Christmas Eve, and Christmas day. V-Force may change/add days when necessary. (Parent's Initial: _____)

Spectators: Class observation is allowed in viewing areas only. Only coaches and enrolled gymnasts are allowed on the floor or on any gymnastics area. If you need to reach your gymnast during class, please ask for help at the front desk. **There is NO FLASH PHOTOGRAPHY.** (Parent's Initial: _____)

Progress Reports: Our coaches keep track of each child's progress on skill sheets. These skill sheets list all of the skills your child needs to master before they can move up to the next level. Once your child has demonstrated they can consistently perform a skill well, that skill will be "checked off" on their skill sheet. After they have mastered all or most of the skills for their level, your child will be advanced to the next level. (Parent's Initial: _____)

Attire: Hair must be tied up. No jewelry allowed. It is recommended that girls wear a one-piece leotard. Fitted shorts or footless tights are accepted. Boys should wear a t-shirt and fitted shorts or sweat pants. Zippers, buckles, or buttons on the students' clothing should be avoided. Long hair needs to be secured back out of the student's face. No rings or other jewelry while in class. No shoes on the gym floor (Parent's Initial: _____)

Safety: Only registered students are allowed on the gymnastics floor. Children must be escorted into and out of the gym by an adult and must be accompanied by a coach when on the gym floor. Students are not allowed to wait in the parking lot. Parents watch classes from the waiting areas and are only allowed in the gym area when accompanying children enrolled in a Tiny Tots class or during Birthday Parties. V-Force reserves the right to remove students from the gym area if they are deemed to be a danger to themselves or others, arising from disobedient, defiant or disrespectful behavior. (Parent's Initial: _____)

Star Weeks: Star Week occurs every other month and is designed to provide feedback and motivation as students move through the program.

Moving Up: When your child is ready to advance, the recreational director will call you. The staff will help you to enroll in the next level. Please understand that if a space is not available in the next level at a convenient time, you may put your child's name on a waiting list. Your child is then encouraged to continue attending their current class until the office staff notifies you of an available space. (Parent's Initial: _____)

Snacks: No food, drinks, or gum is allowed on the gym floor. When eating in the lobby, please help keep the area clean. (Parent's Initial: _____)

I have read the rules and policies of the gym and in particular know my responsibilities and requirements.

Parent/Guardian Signature _____ **Date** _____