

**ENROLLMENT FORM
(PLEASE PRINT LEGIBLY)**

Student Name _____ Date of Birth ____/____/____ Male__ Female __
(Please Print) Last First Mo/Day/Yr

Student Name _____ Date of Birth ____/____/____ Male__ Female __
(Please Print) Last First Mo/Day/Yr

Student Name _____ Date of Birth ____/____/____ Male__ Female __
(Please Print) Last First Mo/Day/Yr

Mailing Address _____
Street City State Zip

E-Mail Address/(es) _____

School Attending: _____ Referred by: _____

Parent: _____ Cell: _____
Last First
Employer: _____ Work Phone: _____

Parent: _____ Cell: _____
Last First
Employer: _____ Work Phone: _____

Guardian: _____ Cell: _____
Last First
Employer: _____ Work Phone: _____

Medical Insurance Company Name _____ Policy Number _____

Initial Below:

- ___ I understand that all fees are due by the **1st of each month**, and will continue until I **give a 30-day written notice** to drop class. **These fees are incurred even if I do not attend.** *Nonpayment could result in child being removed from class.*
- ___ I understand that the enrollment fee is effective for a year as long as I am currently enrolled and active in a class.
- ___ I understand there is a late fee if my tuition payment is not received on or before the 1st of each month that it is due.

Waiver and Release of Liability:

- ___ In consideration of United Gymstars and Cheer, LLC furnishing training and/or equipment to enable me to participate in gymnastics/cheer classes, I agree as follows:
- ___ I fully understand and acknowledge that gymnastics and cheernastics activities have inherent risks, dangers, and hazards, and that my participation in such activities and /or use of such equipment may result in injury including, but not limited to bodily injury, strains, fractures, and other serious disabilities.
- ___ I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless defend and indemnify United Gymstars & Cheer, LLC and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death or otherwise which may arise out of my use of equipment or my participation in gymnastics or cheernastics activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts of other conduct by the owners, agents, officers or employees of United Gymstars & Cheer, LLC.
- ___ I understand and acknowledge that no medical insurance benefits will be provided to me during this activity and that I will be responsible for any medical bills that may result from my participating in gymnastics and/or cheernastics.
- ___ I, being the parent or guardian of the student, do hereby authorize United Gymstars & Cheer, LLC, its coaches, trainers, or any member of its staff, to obtain emergency medical treatment from any physician, hospital, or other qualified medical personnel or facility as needed in the event of accident or injury. I also agree to be responsible for all the costs of said emergency treatment.
- ___ I being the parent or guardian of the student, do hereby authorize my child's photograph to be used in advertisement for United Gymstars and Cheer, LLC.

(Parent/Guardian Signature- if under 18 years of age) (Date) (Participant Signature – if 18 years of age or older) (Date)