

CLASSIC GYMNASTICS – Registration



1st Student Name: _____ DOB _____ Age: _____ Sex: _____

2nd Student Name: _____ DOB _____ Age: _____ Sex: _____

3rd Student Name: _____ DOB _____ Age: _____ Sex: _____

Mother/Guardian: _____ Phone: _____ Texting Y / N

Father/Guardian: _____ Phone: _____ Texting Y/N

Mailing Address: _____ City _____ Zip Code _____

Email Address (please right legibly) _____ Driver's License # _____

How did you learn about Classic Gymnastics: _____ Internet, _____ Bday Party, _____ Drive by, _____ WebSite _____ Friend

REFER A FRIEND PROGRAM: Give us the name of the friend who referred you to Classic Gymnastics. Your friend will receive a \$10.00 Pro Shop Gift Certificate after your Annual Registration Fee has been paid.

Please send a Referral Credit to : Parent's Name _____ Child's Name _____

Office use only: Referral applied _____ Office signature _____ Date of Evaluation: _____ Class enrolled: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY

As parent/legal guardian of (1st child) _____, (2nd child) _____ and myself, I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including Gymnastics. I also realize that my child(ren) will be performing and training on all Gymnastics apparatus plus various other training devices including spring boards and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in these activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child(ren)/myself to use these facilities, I hereby covenant not to sue and forever release **Classic Gymnastics, LLC.**, its employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child(ren)/myself while under the instruction, supervision, or control of **Classic Gymnastics, LLC.**

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/INSURANCE

I confirm that my child(ren) is/are in good health I have medical insurance on my child(ren) and will provide coverage while he/she is enrolled. In the event of a medical emergency, if I am not available, I authorize anyone employed by **Classic Gymnastics, LLC.** to seek medical attention for my child(ren), (1st child), _____ (2nd child) _____, and to execute consent orders to authorize emergency medical treatment for any medical procedures which may be required. **Medical Insurance Co** _____ Policy #: _____
Dr. Name _____ Doctor Phone #: _____ (**I do not have medical insurance and take the responsibility of medical expenses on my own** _____).(Initial)

My child _____ has the following physical/medical condition which may impair his/her ability to participate in gymnastics activities _____ (if none, state "none")

I have received advice from a licensed physician that this condition does not present a significantly greater risk of injury to my child from participation in gymnastics.

Allergies: _____

I have completely read and fully understand the above Assumption of Risk, Waiver of Liability and Permission for Emergency Medical Treatment/Insurance, and sign it voluntarily and in full agreement with its content and intent.
Parent/Legal Guardian Signature: _____ Date: _____

Classic Gymnastics has my permission to take photos of my child (ren) for any future flyers, gymnastics promotions, or gymnastics publicity. (Initial) _____

Parent/Legal Guardian First and Last Name: _____

Children's Names: _____

Parent/Legal Guardian Signature: _____ Date: _____



Credit Card Recurring Payment Authorization Form

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Classic Gymnastics** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Classic Gymnastics** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date _____

I _____ authorize **Classic Gymnastics, LLC** to charge my credit card indicated below on the 1st of each **month** for payment of my monthly tuition and remaining unpaid balances.

Billing Address and phone if different from Registration form _____

Email for Tuition payments if different from Registration form _____

Cardholder Name _____

Account Type VISA Mastercard Card Number _____ Exp Date _____

CVV (3 digit number on the back) _____