



For Office Use Only:
Class/Day: _____
T/C: _____
D/T: _____
PRT: _____
Notes: _____

REGISTRATION WAIVER FORM

Student's Name: _____ M/F Age _____ D.O.B. _____

Student's Name: _____ M/F Age _____ D.O.B. _____

Student's Name: _____ M/F Age _____ D.O.B. _____

Billing Address: _____ City: _____

Zip Code: _____ Phone: _____ School: _____

Email Address: _____

Monthly Tuition Payment Type: Cash / Check / Credit Card - Tuition payment will be charged on the 1st of each month

Mother's Name: _____ Work: _____ Cell: _____ TDL# _____

Father's Name: _____ Work: _____ Cell: _____ TDL# _____

Emergency Contact: _____ Phone: _____

Medical Information: Physical / Psychological Limitations / Allergies _____

Medical Release and Dynamic Extreme Athletics, LLC Policy Acknowledgment

Medical Release

I, the parent or legal guardian of the above named student(s) hereafter referred to as "student", do hereby permit the student to participate in gymnastics, tumbling, cheerleading or any other physical activities while a student at Dynamic Extreme Athletics, LLC. hereafter referred to as "DEA". By granting permission for student to participate in programs at DEA, I assume full responsibility for student's personal safety and release DEA, its supervisors and employees from any and all liabilities that may arise due to any injury including death to student by reason of student's participation in any activity at DEA or in which DEA is participating elsewhere. I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death. I declare the student has been seen by a physician and is cleared to participate in physical activities such as gymnastics, cheerleading, and tumbling.

_____ **INITIAL**

Payments

I understand the first month's tuition will be required to be paid in full when registering for activities at DEA. I understand that I must give 30 day written notice in advance of dropping any class/activity at DEA. Furthermore. I understand tuition is not prorated due to absences or holidays. I understand all monthly tuitions at DEA are due the 1st day of each month. I understand it is my responsibility to make sure DEA receives my full monthly tuition including any unpaid balance on my account on or before the 10th day of the month. I understand I will be charged a \$5.00 late fee if my account is not paid by the 10th day of the month. If tuition is not paid by the 10th, I understand DEA will charge my credit card on file for monthly tuition plus late fees. If the credit card on file is declined, I understand the student may be withheld from participating in activities at DEA. I understand I must pay an annual registration fee of \$40.00 for the first student and \$20 for each additional student, to enroll in any activities at DEA. I understand that student is to wear proper attire. I understand any payment on my account returned unpaid for any reason will incur a \$25.00 bank fee and a \$20.00 late fee. I understand DEA does not refund tuition for ANY REASON. I give DEA permission to use any picture or video of the student taken at DEA on their website or marketing material. DEA reserves the right to change/alter/modify this form where deems fit.

I have read, understand and execute this release and acknowledgment.

Print Name: _____

Signature: _____ **Date:** _____