Wiggle & Jiggle Farmington Gymnastics Academy Registration/Release Form

PARTICIPANT 3 NAIVIE:	GENDER:
AGE:DA	ATE 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:
	PHONE:
INSURANCE CARRIER:	POLICY NUMBER:
	PHONE:
Credit Card on File:	Expire Date
	idents will be charged an Anniversary/Registration fee; due at the time of sign
-	gust for current members. This fee is good until you drop out of the program. each student to acquire 3 makeup tokens per registration year. Makeup
one open gym. Makeup tokens must be used no refunds for classes missed including sche	bsence is input in our system and can be used for a class of the same level or within 30 days of the absence and will not be refunded if unused. There are duled holidays. NTS MUST NOTIFY FGA TO DROP A STUDENT FROM
form. The drop form may be delivered in per You are responsible for payment for your CLASS until the time you notify the staff Vl know that he/she will no longer be attending account will be charged for the additional 30	ront desk prior the 1 st of the month and parents must submit a signed drop ron or emailed and a confirmation email will complete the drop. Please note: student's classes WHETHER OR NOT YOUR STUDENT ATTENDS (A WRITTEN NOTICE. Please do not rely on your student to verbally let us classes. If a student stops coming to class without notification that student's days AND DROPPED FROM CLASS. This charge will be for holding the g that place to one of the many on a waiting list.
I represent and warrant that if I am purchasing merchants through this facility that (i) any cromplete, (ii) charges incurred by me will be pay the charges incurred by me at the posted I hereby authorize (if online payment is made or credit card account. I understand that a 15	ng something or paying for a service from this facility or from other edit card or bank account draft (ACH Draft) information I supply is true and a honored by my credit card company or financial institution, and (iii) I will prices, including any applicable taxes, fees, and penalties. The or auto pay information is provided) this facility to charge my ACH draft, day written notice is required to terminate billing and I am responsible for the classes until I notify this facility in writing to drop my student from
Tuition is due by the 1st of each m	onth. Accounts not paid in full before the 10th are subjected to a \$5.00 late
fee for every seven days the tuition balance i If we have not received tuition pays dropped from class until payment has been re CREDIT/DEBIT CARD ON I	ment or an effort to set up a payment plan before the 17th, your child will be ecceived.
	times. If your account has not been paid as of the last day of the month, the
PETURNED CHECK/CREDI	T CADDS.

_____RETURNED CHECK/CREDIT CARDS:

 \overline{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. We have limited seating in our parent waiting areas. Please instruct your student to wait inside the building as 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 martials 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: