

Parent/Guardian Information

Mom's First/Last Name: _____ Home # _____ Cell # _____
Dad's First/Last Name: _____ Home # _____ Cell # _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ How Did You Hear About Us? _____
Emergency Contact: _____ Emergency Contact Phone: _____

Student Information

1st Student Name: _____ Birthday ____/____/_____
2nd Student Name _____ Birthday ____/____/_____
3rd Student Name _____ Birthday ____/____/_____
Special Medical Conditions/Allergies/Restrictions _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian of the above named child/children, I recognize that the sport of gymnastics, tumbling, dance, ninja zone, birthday parties, camps, field trips, private lessons and any other activities at GTC Gymnastics and Activity Center can be dangerous and lead to injury. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Being fully aware of these dangers, I voluntarily consent to my child/children participating in any and all programs at GTC Gymnastics & Activity Center and I ACCEPT ALL RISKS associated with that participation.

I understand that as parents or legal guardians I should make my child aware of the possibility of injury and encourage my child to follow all safety rules provided by their coaches. GTC will warn the child through "Safety Messages" and our teaching styles.

I also affirm that I have and will continue to have, health and accident insurance to provide hospitalization in the event of injury, that I consider will adequately cover my child.

With the above in mind, and being fully aware of the risks and possible injuries involved, I consent to have my child/children participate in the programs offered at GTC Gymnastics and Activity Center. I, my executors, or other representatives waive and release, GTC Gymnastics & Activity Center, its officers, directors, employees or other representatives whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of GTC Gymnastics & Activity Center.

I also understand and give permission for photographs and videos of my child that may be used for advertising purposes of GTC Gymnastic & Activity Center.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I fully understand that GTC Gymnastics & Activity Center staff members are not physicians or medical practitioners of any kind. With that being understood, I hereby release GTC Gymnastics & Activity Center staff members to render temporary first aid to my child/children in the event of any injury or illness. Also, if deemed necessary, I authorize the GTC Gymnastics & Activity Center staff to seek medical help including calling of an ambulance for my child should the GTC Gymnastics & Activity Center staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by name person and/or participants as a result of any injury sustained while participating at GTC Gymnastics & Activity Center.

TUITION PAYMENT AND BILLING INFORMATION I understand if the person named above is enrolled in a recreational class or team that they are continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit a GTC class drop request. This document may be obtained from the GTC Gymnastics & Activity Center Office or downloaded from our website www.gtcgymnastics.com. If I am dropping it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that GTC Gymnastics & Activity Center does not give credit and/or refunds for classes. GTC Gymnastics & Activity Center does not issue refunds. All sales are final. GTC may issue a free pass to a Drop in gymnastics session for a missed class. I am responsible to make timely payments on my balances due on my GTC account. My entire account balance shall be due the 1st of each month. I understand this only applies to programs that have monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with GTC. An e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify the GTC Office in writing to terminate. All Developmental and Team Accounts will be charged a \$10.00 late fee if their account remains unpaid on the 11th of each month. All currently enrolled students will be charged an annual registration fee of \$5.00 that will posted to my account on the 1st of the month of my registration anniversary date with GTC.

Automatic Payment Information

_____ I would like my account automatically charged the 1st of each month. I understand that my credit card will be charged on the 1st of every month until I submit a GTC Gymnastics & Activity Center class drop request.

Signature: X _____ Date _____

I have read and completely understand all terms and conditions of this agreement.

Credit Card Number _____ Expires ____/____

(For security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database.)