



Registration, Waiver & Release of Liability

Student Information:

_____	_____	_____	_____
Last Name	First Name	Birthdate	Age
_____	_____	_____	_____
Last Name	First Name	Birthdate	Age
_____	_____	_____	_____
Last Name	First Name	Birthdate	Age

Parent Information:

_____	_____	_____	_____
Mom's Name	Occupation	Dad's Name	Occupation
_____	_____	_____	_____
Home/Billing Address	City	Zip Code	
_____	_____	_____	_____
Home Phone	Work Phone	Alternate (cell, pager)	E-Mail Address
Emergency Contact _____	_____	_____	_____
Name	Phone #	Relationship	

My child has the following history/medical condition(s) and/or is taking the following medication that their instructor needs to be aware of: _____

Is your child covered by Medical Insurance? ___Yes ___No
IF YES – Company _____ Doctors # _____

I herby authorize Pacific West Gymnastics to obtain emergency medical treatment in the event that I or the Emergency Contact cannot be reached _____ (initial)

I would like my credit card kept on file for automatic payment of tuition each month ___Yes ___No **--IF YES, PLEASE FILL OUT AUTO-PAY APPROVAL FORM**

Card Type (Visa/MC/Amex/Disc) _____ Card Number _____ Exp. Date _____

Please tell us how you heard about us: ___Referral (name) _____ (we give a \$10 thank you credit for all referrals!) ___Phone Book ___Birthday Party ___Golden Mailer ___Newspaper Ad ___Demonstration/Local Event ___Changed Gyms ___Returning (Welcome Back!) ___Word of Mouth ___Web Site ___Other _____

IMPORTANT!!!

Filling out this form DOES NOT enroll your child in classes. You must stop by or call the front office to let us know if you would like to join. Your spot is only guaranteed for 24 hours following your free preview. DON'T MISS OUT!

- PLEASE TURN OVER, READ AND SIGN BACK -

Payment, Policies and Procedures

Child's Safety – I understand I am responsible for my child's behavior and safety while on the Pacific West Gymnastics premises, including, but not limited to, parking lots, bathrooms, waiting areas, play equipment, etc. I understand that the only people allowed in the gym area are students during designated class times, and with their instructors ONLY! I understand that at no time are parent's or siblings allowed in the main gym or preschool area. If I need to take my child out of class, or are arriving after class has begun, I know that either an Instructor or Office Staff will accompany my child.

Tuition – I understand that tuition is due by the 1st of the month, regardless if I receive a statement. If tuition is received or postmarked after the 7th of the month, I understand that there will be a \$10 late fee. I know that there is a \$25 charge for all returned checks. My child will not be allowed to attend classes if our bill is more than 30 days past due. If I decide to drop my child from classes, a Drop Form MUST BE FILED WITH THE OFFICE. I am responsible for all fees accrued up to the date of notification, regardless of attendance.

Missed Classes – I REALIZE THAT NO CREDIT IS EVER GIVEN FOR MISSED CLASSES. Make-up classes are only available as space permits, and must be scheduled within 30 days of the missed class. I understand that I can only schedule make-ups if my child is currently enrolled, and only two can be scheduled at a time. When I schedule a make-up class, I understand that it is considered complete, and cannot be rescheduled REGARDLESS of attendance, since a spot is being held for my child.

ANNUAL FEE – I am aware that Pacific West Gymnastics has an annual membership fee of \$35 for the first student, \$50 for two or more students, which is payable once a year from my date of enrollment. Signing this form acknowledges that I am aware that once enrolled, my child automatically continues enrollment, unless I change classes or give proper notification of withdrawal, to the Office. I understand that monthly tuition and my child's membership fee are not refundable, unless it is within the first 30 days after initial enrollment.

X _____
Parent/Guardian Signature

Date _____

RELEASE OF LIABILITY, WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITIES FOR ALL RISKS OF BODILY INJURY, DEATH, OR DAMAGES

As parent or legal guardian of _____ (students name), I give my consent for him/her to participate in the programs at Pacific West Gymnastics, Inc. I understand that participation in gymnastics, trampoline, cheerleading, tumbling, and related activities always involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in an unique environment. These injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved.

As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payments of any and all medical expenses incurred as a result of training, performing or participating in activities of Pacific West Gymnastics, Inc.

I understand it is this gym's express intent to provide for the safety and protection of my child and in consideration for allowing the above named minor child (or adult if over 18) to participate in activities with Pacific West Gymnastics, Inc., the Board of Directors and officers, the Pacific West Gymnastics Parents Club, and any of their employees, instructors, coaches, or agents, for any injuries suffered by my child and other damages suffered by my child or myself while on the premises or under the supervision or control of Pacific West Gymnastics, Inc. and it's employees. It is also my intent to release Pacific West Gymnastics, Inc. and its employees from liability for future negligent conduct.

This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X _____
Parent/Guardian Signature

Date _____

Office Use Only

Start Date _____

1. Name _____	(1 st) Class _____	Day _____	Time _____	Monthly Fee _____
	(2 nd) Class _____	Day _____	Time _____	Monthly Fee _____
2. Name _____	(1 st) Class _____	Day _____	Time _____	Monthly Fee _____
	(2 nd) Class _____	Day _____	Time _____	Monthly Fee _____
3. Name _____	(1 st) Class _____	Day _____	Time _____	Monthly Fee _____
	(2 nd) Class _____	Day _____	Time _____	Monthly Fee _____

Annual Membership Fee 1 child \$35 _____ Family Membership (2 or more) \$50 _____

Prorate _____ Total Due before 1st class _____

Preview class was in _____

Notes _____