

The Atlanta School of Gymnastics

E-MAIL ADDRESS _____

PHONE # (ACCOUNT #) () _____

MOTHER'S FIRST NAME _____ LAST _____ WORK# _____ CELL# _____

FATHER'S FIRST NAME _____ LAST _____ WORK# _____ CELL# _____

STREET ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT _____ PHONE # _____

STUDENT INFORMATION

FIRST/LAST _____ SEX _____ AGE _____ DOB _____

FIRST/LAST _____ SEX _____ AGE _____ DOB _____

FIRST/LAST _____ SEX _____ AGE _____ DOB _____

ANY MEDICAL CONDITIONS _____

CLASS INFORMATION

STUDENT _____ CLASS _____ DAY _____ TIME _____ COACH _____

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ANNUAL REGISTRATION FOR RECREATIONAL CLASSES:

Our annual year starts in August and continues until the following July. Students may register at any time during the year. This is a non-refundable and non-transferable fee.

Tuition Policy:

_____ The tuition fee is monthly and does not change from month to month unless a class has been added or removed from the account. ASG does not give credited or refunds for any missed classes. Tuition is due by the 10th of each month. An \$8.00 late fee is applied after the 10th. Monthly Tuition is based on the average of 4 classes per month. Tuition will be pro-rated for new students signing up and not receiving 4 classes their first month only. Tuition may not fall more than 1 month behind. Students will not be allowed to participate in classes until tuition balances have been paid in full.

Make Up Policy:

_____ As a courtesy ASG offers (1) make-up class per month. Please schedule your make-up class through the front office. The missed class should be made up within 30 days of missing the original class.

Gym Closing/Holidays:

_____ Monthly tuition is based on a four class month. Some months have five weeks while others have only three during holidays. There is no adjustments to tuition for either of these cases. On an annual basis, they will balance each other out. When county schools have closed due to bad weather, please call the Gym to verify if classes will be in session. Holiday closings will be sent out in newsletters and posted ahead of time in the gym. If you are not sure of gym closings, please check with the front desk.

Withdrawal Policy:

_____ A 30 DAY WRITTEN NOTICE given to the front office is required if you wish to withdraw your child before the end of July. ONE MONTH'S TUITION FEE will be applied to ALL customer accounts failing to provide proper notice

PLEASE TURN THIS FORM OVER AND SIGN ON THE REVERSE SIDE

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the sport of gymnastics/cheer at The Atlanta School of Gymnastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue The Atlanta School of Gymnastics, its respective administration, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may occur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given any substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date _____

Printed name of participant(s) (Children enrolled in class)

Signature of Parent/ or Legal Guardian (for minor child participating in gymnastics/cheer)

PARENTAL CONSENT

AND I, the minor's parent and/ or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I hereby authorize The Atlanta School of Gymnastics to seek medical attention including transportation to a medical facility for me and/ or my children enrolled at The Atlanta School of Gymnastics. This would include any problems in the medical history of my children enrolled at The Atlanta School of Gymnastics. This would include any allergic reactions that my child(ren) may have.

_____ Date _____

Printed name of parent/ or Legal Guardian

Signature of parent / or Legal Guardian