

# LEGACY GYMNASTICS CENTER

## After School Care

### Registration Form 2011-12

#### Student Information

Name:		Sex:	Age:	DOB:
Mom's Name:		Dad's Name:		
Address:				
Home Phone:	Cell:		Work:	
Email:	Alternate Contact:		Emergency:	

Are there any medical conditions which we should be aware of?      Yes      No

Please specify:

I understand that it is the intent of Legacy Gymnastics Center to provide for the safety and protection of my child, therefore if I am not available, I authorize Legacy Gymnastics Center and its employees to seek medical attention for my child and to execute orders to authorize for emergency medical treatment if required.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Selected Classes

First Class:	Day and Time:
Second Class:	Day and Time:

Payment Information (check payment method)		
Annual Registration Fee (prorated quarterly)		\$
_____	Monthly Self-Pay Due on 1st (\$10 late fee after 7th)	_____ Monthly Automatic Pay (Must complete authorization agreement)
		<b>\$ TOTAL</b>

\_\_\_\_\_ I am aware that check payments or automatic checking accounts debit transactions with insufficient funds will result in a \$30 returned check fee to cover bank penalty charges plus any additional fees.

\_\_\_\_\_ Legacy Gymnastics Center requires a **"2 Week Drop Notice"** which is strictly enforced. This notice must be received 14 calendar days before the child's last day. Failure to give notice will result in full payment for one month tuition. I have read and agree to comply with this agreement.

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, dance and cheerleading can result in severe injuries, permanent paralysis, brain damage or even death. I am also aware that participation in some activities such as day camp involves transportation to and from field trips, which carries the risk of injury or death by vehicular accident. ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE AND FOREVER RELEASE, Legacy Gymnastics Center, LLC, their officers, directors, shareholders, employees, contractors, invitees, licensees and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim. In the event of an accident or emergency, I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost and will hold you harmless in your management of such accident or emergency, I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care. I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you. I have read and understand this Assumption and Risk, Waiver of Liability, Medical Authorization and Photo Release, I understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent of the 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.

\_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date