



## Grace Gymnastics Registration Form

### **Student Information:**

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Additional Emergency Contact(s):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Participant's Health and Background**

Known allergies: \_\_\_\_\_

Previous injuries and/or surgeries: \_\_\_\_\_

Any other medical conditions of which Grace Gymnastics should be made aware: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Class Selection:**

Pre-school \_\_\_\_ Recreational \_\_\_\_ Tumbling \_\_\_\_ Strength/Conditioning \_\_\_\_ Competitive Team \_\_\_\_

\*If competitive, Last level competed: \_\_\_\_ Previous Gym/Club: \_\_\_\_\_

USA Gym Membership # (if applicable): \_\_\_\_\_

### **Student's Participation Goals (check all that apply):**

Have fun and stay active \_\_\_\_ Gain strength and coordination \_\_\_\_ Reach competitive level \_\_\_\_

Cross-train or use as foundational basis for another sport \_\_\_\_ If so, what sport? \_\_\_\_\_

**Payment Information (please read CAREFULLY and initial):**

\_\_\_\_\_ I understand tuition is due on the 1<sup>st</sup> (first) of every month.

\_\_\_\_\_ A 10% late fee assessment of base tuition will be applied if payment is not received by the 10<sup>th</sup> of the month. And an addition \$3/day will be added to the late fee assessment for every day thereafter that tuition is not received.

\_\_\_\_\_ My child will not be allowed to participate in class, special event, or scheduled competition if tuition is one month or more past due.

\_\_\_\_\_ A yearly, non-refundable \$50.00 registration fee will be charged every July.

\_\_\_\_\_ No billing statement will be mailed.

\_\_\_\_\_ A \$25.00 return check fee will apply to all returned checks.

**Make-up Policy**

Make-up policy varies on the type of class offering in which your child is participating. Please see guidelines for specific class make-up policies in your registration packet or on our website.

**Drop Policy**

Withdrawal from the Grace Gymnastics program must be done in person. A written notice drop form can be obtained from the front desk upon request. All monthly tuitions and fees will be charged for 30 days after notification is given. All outstanding balances must be paid in full within the 30-day drop period.

**Acknowledgement of Risk and Waiver of Liability**

As legal guardian of \_\_\_\_\_, I consent to he/she participating in the activities offered by Grace Gymnastics. I recognize the potential risk of severe injury that can occur in any activity involving height or motion, including gymnastics and related activities.

I understand that it is the intent of Grace Gymnastics to provide for the safety and protection of my child and have agreed to allow my child to use these facilities. I hereby release Grace Gymnastics, employees, coaches, teachers, and owners from all liability for any and all damages and injuries suffered by my child.

As legal guardian, I agree to provide for the possible future medical expenses which may occur as a result of any injury sustained while training, competing, or performing for Grace Gymnastics and agree not to bring legal action against Grace Gymnastics (By Grace LLC).

In case of emergency, I authorize the staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

This acknowledgement of risk and waiver of liability have been read thoroughly and understood completely. I have agreed to sign this voluntarily as to its content and intent.

Parent or Legal Guardian (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use**

Reg: \_\_\_\_\_ Tuition: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ (# \_\_\_\_\_) CC \_\_\_\_\_ **Total:** \_\_\_\_\_