

2010-2011 GMS Registration Form

Please Print Clearly

Student's Name _____ Age: _____ DOB ____/____/____ M _____ or F _____

Home Address _____ ST _____ Zip _____

Home Phone Number _____

Father Name: _____ Occup. _____ Cell Phone _____

Mother Name: _____ Occup. _____ Cell Phone _____

Email: (We will send info about tuition reminders, closing info, camp info, etc.) _____

Emergency Contact Other Than Yourself: _____ Phone: _____

Insurance Name: _____ Phone: _____ Dr. Office #: _____

Medical Conditions/Allergies if any: _____

How did you hear about GMS? Internet/Drive By/Phone Book/Referred By: _____

Name of Class: _____ Day(s) of Class: _____

(As stated on the schedule)

Time of Class: _____

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

In consideration of participating in the GMS 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 "releases" 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 GMS Gymnastics, its respective administrators, 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, including negligent rescue operations and further 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 Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur 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 up 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

PARENTAL CONSENT

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 Releases from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases 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 Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any RELEASEE may incur as the result of any such claim.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

2010-2011 GMS TERMS AND CONDITIONS

TUITION is paid monthly and is due on the **LAST DAY OF THE MONTH**. A \$10.00 late fee per child will be added, if the tuition is not received by the **1st. NO EXCEPTIONS. If tuition is not paid by the 15th your child/children will be dropped from his/her class until your account is current.** Tuition can be paid at the front desk, or by mail. We accept cash, and checks (made payable to GMS). GMS Gymnastics also offers an automatic tuition payment plan. Parents are responsible for all payments through the end of the school year unless proper withdrawal procedures and paperwork are completed. Any **unpaid balances including tuition, late fees and/or other unpaid charges not paid by the 15th of the month will be charged to the credit card below.**

_____ I **accept** enrollment in GMS's Autopay Program and understand my credit card will be billed for tuition and other outstanding charges on the 1st business day of each month. I understand this option carries a \$35.00/year service charge.

_____ I understand this Autopay deduction will remain in effect until I have provided GMS with a written Drop Notice. This drop notice must be received prior to the first of the month I intend on dropping.

_____ I **decline** enrollment in GMS's Autopay Program and understand my credit card will be used for payment of outstanding tuition and other charges which have not been paid by the 15th of the current month.

Card: **VISA MC Discover DEBIT** Number: _____ Exp.: _____

Begin Payments on: _____ Security Code#: _____ Billing Zip: _____

Card Holder Signature: _____ Date: _____

_____ Returned checks are subject to a \$35 insufficient funds charge which will be added to your account in addition to all incurred late fees.

_____ There is an **ANNUAL REGISTRATION FEE** of \$55 charged for the 1st child, \$50 for the 2nd child, and \$45 for the 3rd and 4th child. This registration fee is non-refundable/non-transferable and must be paid at the time of enrollment.

_____ **DROPPING CLASS** is permitted only with a **WRITTEN NOTICE** to the office (phone calls or telling a coach is not sufficient). Drop Notices must be received **prior to the 1st of the month that you intend on dropping OR YOU WILL BE OBLIGATED TO PAY FOR THAT MONTH'S TUITION. Please note that if the student temporarily drops from a class, his/her spot in that class will not be guaranteed at the time of re-enrollment.** (Dropping relinquishes your spot in that class).

_____ **TRANSFERRING CLASSES** is permitted so long as there is space available in the class you wish to transfer to and it is arranged at the front desk.

_____ **MAKE-UP CLASSES** – There are **NO REFUNDS, DISCOUNTS or PRORATES** if the student is absent. Absences **CANNOT** be transferred from one month to another. Make-ups are for currently enrolled students only.

_____ **HOLIDAYS, CLOSINGS and CANCELLATIONS** do not constitute a **make-up day**. GMS will issue make-up passes due to inclement weather or any cancellations set forth by GMS. Tuition is based on 8 weeks of classes. GMS reserves the right to cancel any class at any time.

_____ **PHOTO RELEASE** – I hereby give my permission for GMS Gymnastics to take my photograph or a photograph of my child(ren) and use or publish the likeness for GMS Gymnastics purposes and I release GMS Gymnastics any claims for such use.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.

Signature: _____

Printed Name: _____

Date: _____

