

Today's Date: _____

1st Child's Name: _____ Birthday: _____ Age: _____

Class Name/ Day/ Time: _____ Class Tuition: _____
Reg. Fee: _____

2nd Child's Name: _____ Birthday: _____ Age: _____

Class Name/Day/Time: _____ Class Tuition: _____
Reg. Fee: _____

3rd Child's Name: _____ Birthday: _____ Age: _____

Class Name/Day/Time: _____ Class Tuition: _____
Reg. Fee: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail _____ (To receive schedules and updates by e-mail)

How did you find out about SPLITZ Gymnastics? _____

I fully understand that the staff at SPLITZ Gymnastics Academy, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release SPLITZ Gymnastics to render first aid to my child in the event of injury or illness, and if deemed necessary to call an ambulance which I agree to pay for.

If SPLITZ is unable to contact the parents, the person to contact in case of an emergency is:

Name/ Relationship: _____ Phone: _____

Does your child/children have any medical conditions that we should be aware of?

Signature of Parent/ Guardian: _____

→
Over



Please read the policies below carefully. Your signature below acknowledges you have read and understood them.

Child's Safety - I understand I am responsible for my child's behavior and safety while on the SPLITZ Gymnastics premises... including parking lots, bathrooms, waiting areas, ect. I am also responsible for my child's behavior during class. I understand that if my child does not follow the instructors directions they may be removed from class at the instructors discretion.

Tuition- I understand that tuition is due in full at the time of registration for each session. I understand that no refunds will be made after the first class. Refunds before the first class will be charged a \$10 processing fee. I know there will be a \$25 charge for all NSF checks. My child will not be allowed to take classes if my account is past due.

Missed Classes- I realize that no credit is ever given for missed classes. Missed classes can be made up on a space available limited basis. I know I must schedule any make-up classes with the office. Any scheduled make-up class cannot be rescheduled. All missed classes must be made up within the session. I am only allowed two make-ups within one session.

Registration Fee- A \$30 registration fee is payable once a year from the date of enrollment. Each additional child will have a \$10 yearly fee. I also have the choice of paying a \$10.00 per session fee.

Canceled Classes- I understand SPLITZ Gymnastics reserves the right to change or cancel any class.

Parent / Guardian Signature

Date

RELEASE OF LIABILITY, WAIVER OF LIABILITY
ASSUMPTION OF FULL RESPONSIBILITY OF ALL RISKS OF
BODILY INJURY OR DAMAGES

As a parent or legal guardian of _____,
I give my consent for him/her to participate in the programs at SPLITZ Gymnastics Academy, Inc. I understand that participation in gymnastics, trampoline, dance, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as 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 to the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities of SPLITZ Gymnastics Academy.

I understand it is this gym's intent to provide for the safety and protection of my child and in consideration for allowing the above named minor child to participate in activities with SPLITZ Gymnastics Academy, Inc. I waive any and all rights or causes of action against Eileen Spicher and/or Greg Spicher and/or SPLITZ Gymnastics Academy, Inc. for any injuries suffered by my child and other damages suffered by my child or myself while under the supervision or control of SPLITZ Gymnastics Academy, Inc. and it's employees and/or the SPLITZ booster club.

This acknowledgment 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. This agreement will remain in effect until written revocation is received.

Parent / Guardian Signature

Date