



Office Use Only:

Day: _____

Time: _____

Coach: _____

Month: _____

Registration: _____

Tuition: _____

Total: _____

Student's Name: _____ M _____ F _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Home: _____ Cell: _____

Parent's Name: _____ Home: _____ Cell: _____

E-Mail: _____

Other Emergency Contact: _____ Relation: _____ Phone: _____

Physical Conditions/Allergies of which we should be aware: _____

How did you hear about us: _____

Policy, Medical Consent and Release Agreement

1. I understand that full payment is due upon registration following the trial class. Gymnastics Unlimited cannot hold a spot for my child(ren): _____ (the "Child(ren)") or enroll them into a class without full payment.
2. I understand that if I bounce a check I will pay a fee of \$25.00.
3. **I understand that tuition is due by the 30th of the previous month. If tuition is not received, the Child(ren) will be removed from the class roster and may lose their spot in their class. Returning students who were dropped for non-payment must pay full tuition for the month. If you need to re-enroll after being dropped for non-payment, you will be required to have a Visa or MasterCard on file.**
4. **All new and returning students must have a Visa or MasterCard on file. If tuition has not been received by the 30th of the month, the card on file will be charged in full for next month's tuition. You must notify the gym if you wish to be dropped from our program.**
5. I understand that I do not receive a written bill, via email, unless my payment has not been received by the due date or my yearly registration is due.
6. I understand that if I need to drop a Child from classes that I must notify the office by their last class of the month to avoid being charged for the entire next month. Gymnastics Unlimited does not refund any money paid.
7. I understand that make-up classes are held on Saturday's at 11:00am for all hour long classes. The Saturday make-up must be scheduled in advance during the week the Child wishes to attend. All 45 minute classes are able to schedule a make-up any day or time there is an available spot in a class. If a Child is unable to attend the Saturday make ups, for hour long classes, I may call Gymnastics Unlimited on a specific day of the week to see if there is a time that day in the afternoon for the Child to make up a class. If the Child does not show up to the scheduled make up, it will still be counted.
8. I understand a Child has 6 weeks to make-up any class missed as long as the Child is currently enrolled at Gymnastics Unlimited and my billing is current.

9. I understand that there is a \$50 annual (anniversary date) registration fee that must be kept current. (2nd and 3rd children are charged at \$45 each)
10. I understand that on a 5-week month no additional fee is required. Extra classes account for gym closures on holidays. A make-up may be scheduled if a closure falls on a Child's class day.
11. I have received a GU Welcome Folder and GU T-Shirt upon my enrollment.
12. I am the parent or guardian of the Child(ren). Under Family Code Section 6550, I may authorize medical and dental care for the Child(ren). I authorize Gymnastics Unlimited (together with its officers, employees and agents) to give consent for emergency medical or dental treatment for any Child under Family Code Section 6910, in the event of any sudden illness, accident or injury which may occur while the Child is present at or participating in any activity associated with Gymnastics Unlimited.
13. In consideration of permitting the Child(ren) to participate in any way in the gymnastic and other activities of Gymnastics Unlimited (the "Activity") on and after the date hereof, I represent, covenant and agree, on behalf of myself and the Child(ren) and our respective heirs, personal representatives, assigns, and any other persons claiming by, under or through me or the Child(ren), as follows:
 - (a) Assumption of Risk. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to the Child(ren) or others. I accept and voluntarily incur all risks of any injuries, damages or harm which arise during or result from the participation of the Child(ren) in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of Gymnastics Unlimited and/or its shareholders, directors, officers, employees, agents, sponsors or insurers ("Released Parties").
 - (b) Waiver. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known or unknown, which arising during or result from the participation of the Child(ren) in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties. I release, discharge and covenant not to sue the Released Parties for all such claims.
 - (c) Indemnity. I agree to indemnify and hold harmless the Released Parties from all losses, liabilities, damages, costs or expenses (including, without limitation, attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I or the Child(ren) (or anyone claiming by, under or through me or the Child(ren)) may bring against any of the Released Parties to recover any losses, liabilities, damages, costs or expenses which arise during or result from the participation of the Child(ren) in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties.
 - (d) Severability. I further agree that the foregoing assumption of risk, waiver and indemnity is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion hereof is held invalid, the balance hereof shall continue in full force and effect.
14. I give my consent to the Released Parties to take and use visual/audio images of me and the Child(ren) (including, without limitation, photographs and sound and/or video recordings) in connection with the Activity and to use the images for marketing or other business purposes. I agree that the Released Parties own the images and all rights relating to them. I waive any right to inspect or approve the finished images or any proposed use, and acknowledge that neither I nor the Child(ren) will not be compensated for the images or their use. I release the Released Parties from all claims and liabilities, of every kind, in connection with the taking or use of the images.

I have carefully read this Policy, Medical Consent and Release Agreement. I fully understand its terms and that I am giving up substantial rights. I acknowledge that I am executing it freely and voluntarily.

Parent/Guardian Signature: _____ Relationship: _____

Parent/Guardian Printed Name: _____ Telephone No.: _____

Date: _____, 20__