

Date:	Gym Application	
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Student		First Name:	
Street Address:		City, St, Zip	
Birth Date:	Age:	Program applying for:	
Home		Cell Phone:	
Cell phone:		E-mail:	

Medical, Insurance, & Emergency Information

Parent:		Parent:	
Cell		Cell Phone:	
E-mail:		E-mail:	
Insurance Company:		Phone #:	
Policy		Parent/Guardian who's name on	
Family		Phone #:	
Dentist:		Phone #:	
Does your child have any of the following conditions: Dislocated elbow or shoulder, heart problems, epilepsy, orthopedic problems, allergies, or asthma:			
If yes please explain:			
Any other medical problems, please list:			
Emergency Contact/Relation to child, Name:		Phone:	

Please read the following information and sign below:

I choose to pay tuition month to month: a \$25.00 fee will be charged each month if not paid by the 5th of the month. Initial gym registration and annual fee thereafter of \$55.00 dollars is due upon sign up, and paid each year annually.

Recreational gym only: I choose to pay tuition by the 3-month session plan for the discount (recreational classes only). I understand that there are **NO REFUNDS** given for early withdrawal in that 3-month time period. I also understand that paying the 3-month session rate does not automatically withdrawal your child at the end of those 3 month. You must physically withdrawal my child with a written letter of withdrawal no less than TWO weeks prior to the end of the current month, otherwise you will be held financially liable for the next month's tuition in full.

I am aware that I am responsible for providing a written withdrawal notice two weeks prior to the end of the current month otherwise, I am held financially liable for the next month's tuition in full. I also understand that if my account becomes delinquent for any reason, suspension from training will follow without notice, and I will be financially responsible for all reasonable collection and legal fees. I have read and agree to abide by the "Policies and Procedures of Alison Biondi Gymnastics LLC" that have been provided to me. There are **NO REFUNDS** for tuition, early withdrawal, or merchandise purchased. Alison Biondi Gymnastics will provide only one make-up day per month/per child. (scheduled at the office in advance). Make -ups may not be spread out during different months.

Competitive Team Only: I understand that I am committing to a 1-year contract with the Competitive gymnastics team. I also understand that if my account becomes delinquent for any reason, suspension from training will follow without notice, and I will be financially responsible for all reasonable collection and legal fees. I understand that in the case of injury, I am expected to keep accounts and attendance in good standing. I have read and agree to abide by the "Policies and Procedures of Alison Biondi Gymnastics LLC" that have been provided to me. There are **NO REFUNDS** for tuition, or meets fees. By signing below, I understand and accept all policies and procedures even if I fail to initial or check the above listed boxes.

Signing this form confirms you have read both sides of the form and acknowledge you agree with the statements made in this form are true and accurate:
 Parent or Guardian Signature here:

Please print name here: **Date:**

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: Alison Biondi Gymnastics LLC, is not responsible for any injury (or loss of property) to any person while practicing, training, taking class, competing, participating in open gym, birthday parties, special events, demonstrations or shows, or in any other way involved in gymnastics, cheerleading, preschool, or teams at Alison Biondi Gymnastics LLC, Gym for any reason whatsoever, including ordinary negligence on the part of Alison Biondi Gymnastics LLC, its owners, officers, agents, staff, independent contractors, or employees.

In consideration of my participation, I hereby release and covenant not-to-sue Alison Biondi Gymnastics, LLC, the Alison Biondi Gymnastics LLC, Board, Officers, The Parents Association, and any of their employees, teachers, coaches, independent contractors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Alison Biondi Gymnastics LLC, or others listed for property damage, personal injury, wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waiver, any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in an unique environment and as such, they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries (resulting in complete or partial paralysis), brain damage, series injury to virtually all bones, joints, muscles, and internal organs, and that mats, pits, and other safety equipment and apparatus are provided for my protection, including the active participation of coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, independent contractors, but never eliminated. I understand that participation in gymnastics and related activities involves in active participation in gymnastics, including moving from event to event, conditioning, Stretching and other activities which may leave child vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see the other students in the gym. My child is and I am allowing them to voluntarily participating in this activity with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Alison Biondi Gymnastics LLC, and all others listed for any and all claims arising as a result of my child engaging in or receiving instruction in Alison Biondi Gymnastics LLC, activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is included to be as broad and as inclusive as permitted by laws of the state of Pennsylvania and agree that if any portion is held invalid, the remember of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Pennsylvania.

I affirm that I am of legal age and am freely signing this agreement. On behalf of my child, I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies which may be available to us for the ordinary negligence of Alison Biondi Gymnastics LLC., or any person listed above.

I and my child also consent to use, by Alison Biondi Gymnastics LLC., or anyone it authorizes, of any and all photographs, videos, or other representations, and any reproductions thereof for the purpose of promotion (including sale, publications, display and exhibition website, all media sources and Facebook) without compensation. The member further consents and agrees that such materials and negatives shall constitute Alison Biondi Gymnastics LLC, Biondi's Gym, Property, with full right of distribution.

Team members, further consent to the use of team's member's names in connection with above materials, and agrees that such materials and shall constitute Alison Biondi's Gymnastics LLC, property, with full right of distribution.

Date:

Signature of Parent or Legal Guardian

Print Name



I authorize the following individuals to pick up my child from Alison Biondi Gymnastics, LLC.

1. Name:

Phone: _____

2. Name:

Phone: _____

3. Name:

Phone: _____

A parent must notify (verbal or written) a member of Alison Biondi Gymnastics' coaching team if someone other than the above listed individuals will be picking up your child. We will not release your child to any individual who is not on the approved list.

Parent name

Print: _____

Signature: _____ Date: _____

