



Wojtek's Gymnastics



2500 Commerce Parkway

Lancaster, NY 14086

716-390-5356

Wojtekgymnastics@gmail.com

Wojtek's Gymnastics 2019/2020 Registration Form

Student Name _____ DOB: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Previous Gymnastics experience? Y / N Current or previous member of Wojtek's Gymnastics? Y / N

If yes where did you attend: _____ How long: _____

How did you find out about us: _____

Parent Information:

MOM

DAD

Full Name _____

Home Phone _____

Cell Phone _____

Employer _____

Work Phone _____

Email _____

Full Name _____

Home Phone _____

Cell Phone _____

Employer _____

Work Phone _____

Email _____

Emergency Contact:

If we are unable to get in touch with either parent please provide an Emergency Contact.

Full Name _____

Home Phone _____

Relationship to Student _____

Cell Phone _____

Health Information:

Doctor Name _____

Doctor's # _____

Medical Insurance Name _____

The gym relies on the parent or legal guardian's judgment regarding the child's ability and health to participate in the sport / activity. Does your child have any health limitations or issues? Y / N If yes, please explain:

_____ (Initial) **ATHLETE'S RELEASE / PERMISSION FOR MEDICAL TREATMENT** - Participant, in attending the gym and using the facilities, does so at his or her own risk. The gym operator shall not be liable for any damages arising from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises and he or she does hereby fully and forever release and discharge the gym operator, all associated gyms, their owners, employees, agents from any and all claims demands, damages, right of action, present or future, resulting from or arising out of the participants use of the gym and / or its facilities. Participation is entirely his or her own choice and with the understanding of risk of accidental injury involved in any activity involving unusual motion or height. If a minor, the parents acknowledge that they know of this injury risk the minor is assuming. In the event of an emergency requiring medical attention, I hereby grant permission to the personnel at Wojtek's Gymnastics to administer first aid and a physician or other hospital personnel designated by Wojtek's Gymnastics to attend my son/daughter (or ward).

_____ (Initial) **RULES AND POLICIES STATEMENT** – By enrolling my child in Wojtek's Gymnastics, I recognize that I am obligated to follow the rules and policies of the program. I will also ensure my children understand and adhere to the rules and safety policies listed in postings. Also, I understand that:

- 1.) I pay for my child's spot in his/her class, NOT by their attendance and there is NO pro-rating due to lack of attendance.
- 2.) To avoid the late fee of \$5.00, the monthly tuition must be received in the office prior to the 2nd week of the lesson block. All tuition is due the 1st week of the month. Payment received in the office after this date will be considered late.
- 3.) To drop from a class or from the program, I must notify the office staff in writing prior to the first of the month. If the office staff is not informed prior to the first of the month I will be responsible for the full month tuition.
- 4.) Wojtek's Gymnastics reserves the right to remove my child for non-payment.

_____ (Initial) The adult bringing the child to class and that signs this form is responsible for the payment of charges. Wojtek's Gymnastics is not responsible in collecting any payments from any other party than the one who signs this form. You may bill your estranged, but it is not the responsibility of Wojtek's Gymnastics.

_____ (Initial) **AUTHORIZATION FOR USE OF PHOTOS IN ADVERTISING PURPOSE ONLY** – By enrolling your child in Wojtek's Gymnastics, you are also giving permission to use your child's photo, strictly and only for promotional purpose.

By signing this, I acknowledge all of the above information and have initialed each section in complete understanding and give permission for all the above.

Signature – (Parent or Guardian if participant is under age 18) _____
Date _____

OFFICE USE ONLY:

Reg. Fee:	\$ _____	Paid on: _____	Cash / Check # _____
Tuition Payment:	\$ _____	Paid on: _____	Cash / Check# _____
Paid for the full yr:	\$ _____	Paid on: _____	Cash / Check# _____

Class placement: Day _____ Time: _____

- Registration
- Invoice
- Recurring Invoice
- Member List
- Attendance
- Welcome Letter

Notes: