

Waterford Gymnastics Training Center

NON-COMPETING TEAM REGISTRATION FORM 2015-2016

Please Print Clearly

Student's Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents' Name(s): _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Work Phone: _____ Cell Phone: _____

1st child's Name: _____ Birthdate: _____ Age: _____

*Registration Fee: \$50

Training hours/days per week: _____

2nd child's Name: _____ Birthdate: _____ Age: _____

*Registration Fee: \$50

Training hours/days per week: _____

A *Registration fee of **\$50.00 – Non-Compete Team** is payable once a year and is due June 1st. This fee along with monthly tuition is **NON REFUNDABLE**. Signing this form acknowledges that I am aware that the student (s) above are being enrolled in our program which is offered year-round.

Signature: _____

I would like to have my daughter(s) tuition charged on the first of every month automatically to my credit card _____ Yes _____ No

Credit Card #: _____ Exp. _____

3 Digit code: _____

I acknowledge that it is my responsibility to notify WGC in writing (email at Kristi@waterfordgymnasticscenter.com or hard copy note) if the amount of training hours my daughter will be training for the following month will be increasing/decreasing or if she will be taking the month off by the 25th of the month; if the training hours will not be changing, the amount I will be charged will stay the same each month.

Signature: _____

Medical Information

Please list any physical, emotional, or social impairments, such as learning disabilities, hyperactivity, injuries, allergies, fears, or any other challenges your child may have.

Bones/joints: _____ Muscles: _____ Organs: _____ Weight: _____ lbs

Chronic Ailments: Asthma, or other respiratory problems: _____

Circulatory or Heart Problems: _____

Diabetes or Hypoglycemia: _____

Epilepsy: _____

Psychological Handicaps (specify problem areas, such as anxieties, fears, hyperactivity and hypersensitivity): _____

Allergies: _____ Insect Bite Allergies: _____

Other info, if significant: _____

Date of last tetanus shot: _____

Insurance Carrier: _____

ID#: _____ Group #: _____

I hereby state that I have read and understood the above release, and agree to comply with the requirements and regulations as stated in Waterford Gymnastics Center, LLC's brochure.

Name: _____ **Relationship:** _____

PROMISE TO PAY / POLICIES, PROCEDURES & TEAM RULES

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

Child's Safety: Parents are responsible for their child's behavior and their safety while on our premises, including parking lots, bathrooms, waiting areas, etc. I understand that children are not allowed in the gym unless an instructor escorts them and is present.

Tuition: Tuition is due on the first of each month. **A late fee of \$10 will be charged if payment is not received by the 7th of the month and will be strictly enforced.** There will be a \$20 charge on all NSF checks. If your tuition is paid continuously late each month, WGC reserves the right to request a credit card be put on file in order to have your child's tuition account paid on time. **NO REFUNDS OF TUITION AND NO PRORATING WILL BE ALLOWED.**

Team Rules

Vacation: Monthly tuition payments are still required to be paid even when if your gymnast misses training due to vacation, illness or some other extended absence. We have a very flexible make-up policy and hours can be made up!

Injury: The same policy applies. When your gymnast is injured, please continue to bring your gymnast in for training, if possible. In many instances, an alternate training plan can be drafted by the coaches to help keep your gymnast in training condition. Please discuss with the coaches prior to ceasing training.

Training Schedule: Our training schedule is meant to be flexible. You can change your gymnast's hours from one month to the next depending upon your schedule.

I have read and understand these important policies.

Signature: _____ Date: _____

Parents or Legal Guardians: Please sign and date the following waiver if the participant(s) is a minor.

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

In consideration of participating in the Waterford Gymnastics Training Center (dba Waterford Gymnastics Center, LLC) 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 “releasees” named below; and that there may be the other risks either not known to me or nor 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 Waterford Gymnastics Center, LLC, 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 in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees 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(s)

PARENTAL CONSENT

AND 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 Releasees 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 Releasees 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 Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ **Date:** _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

Parents or Legal Guardians: Please sign and date the following if you will be stepping inside the gym at any point during the year.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFY AGREEMENT (“AGREEMENT”)

In consideration of participating in activity at Waterford Gymnastics Training Center (dba Waterford Gymnastics Center, LLC), I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition in 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 “releasees” named below; and that there may be the other risks either not known to me or nor 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 Waterford Gymnastics Center, LLC, 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 in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees 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.

Printed name of participant

Date: _____

Signature of participant