

# Waterford Gymnastics Training Center

170 Cross Rd., Waterford, CT 06385 (860) 574-9211

## Class Registration Form

*Please Print Clearly*

Date \_\_\_\_\_

Parent (Mom): \_\_\_\_\_

Parent (Dad): \_\_\_\_\_

Phone: \_\_\_\_\_  
(Home) (Work) (Cell)

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1<sup>st</sup> Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Class Name/Day/Time: \_\_\_\_\_ Class Fee: \_\_\_\_\_

Registration Fee: \$25

2nd Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Class Name/Day/Time: \_\_\_\_\_

Class Fee (10% Discount): \_\_\_\_\_ Registration Fee: \$25

3rd Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Class Name/Day/Time: \_\_\_\_\_

Class Fee (10% Discount): \_\_\_\_\_ Registration Fee: \$25

4th Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Class Name/Day/Time: \_\_\_\_\_

Class Fee (10% Discount): \_\_\_\_\_ Registration Fee: \$25

A registration fee of \$25.00 is payable once a year per student, our Gym/Cheer class runs September 1<sup>st</sup> thru August 31<sup>st</sup>. Signing this form acknowledges that I am aware that student(s) above are automatically being enrolled in (Circle one).

September to June (school year session)

Summer Session (July/August)

Is the person enrolling a former student (within the past 4 years)?

1<sup>st</sup> child: \_\_ yes \_\_ no 2<sup>nd</sup> child: \_\_ yes \_\_ no 3<sup>rd</sup> child: \_\_ yes \_\_ no 4<sup>th</sup> child: \_\_ yes \_\_ no

**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 AND PROCEDURES**

**\*\*\* 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 prior to the first class of each session. **A late fee of \$10 will be charged if payment is received after the first class of the new session and will be strictly enforced.** There will be a \$20 charge on all NSF checks. **NO REFUNDS OF TUITION AND NO PRORATING WILL BE ALLOWED.**

**Missed Classes:** Missed classes must be scheduled through the office. All make-ups must be done during a paid session. If you miss a class in Session #1, for example, you may carry the make-up class into Session #2 as long as you have registered and paid for Session #2.

***I have read and understand these important policies.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents or Legal Guardians: Please sign and date the following waivers if the participant 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**

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 waivers if you will be participating in the activity with the child, such as Parent/Tot, Open Gym and any Special Events that require Adult Participant Activity**

**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.

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Printed name of participant**

\_\_\_\_\_  
**Signature of participant**