



REGISTRATION

Trial Class: _____
Date: _____
Time: _____

Student Data

Child Name: _____

Date of Birth: _____ Age: _____

Sex: Male Female

Child Name: _____

Date of Birth: _____ Age: _____

Sex: Male Female

Child Name: _____

Date of Birth: _____ Age: _____

Sex: Male Female

Child Name: _____

Date of Birth: _____ Age: _____

Sex: Male Female

Family Data

1. Parent / Guardian Name: _____

Relationship to student: _____

Mobile: _____ Work Ph: _____ E-mail: _____

Street Address: _____ Apt No.: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

2. Parent / Guardian Name: _____

Relationship to student: _____

Mobile: _____ Work Ph: _____ E-mail: _____



REGISTRATION

3. Parent / Guardian Name: _____

Relationship to student: _____

Mobile: _____ Work Ph: _____ E-mail: _____

4. Parent / Guardian Name: _____

Relationship to student: _____

Mobile: _____ Work Ph: _____ E-mail: _____

Emergency Contact

Emergency Contact: _____ Phone: _____

Relationship: _____

Medical Data

Medical Insurance: Y N Insurance Provider: _____

Policy Number: _____ Ins. Co. Ph: _____

Prev. Illness: Y N Comments: _____

Prev. Injury: Y N Comments: _____

Allergies: Y N Comments: _____

Special Needs: Y N Comments: _____

How did you hear about us?

Word of mouth Internet Radio Newspaper Phone Book



REGISTRATION

-----For Office Use Only-----

Enrollment Date: _____	Registration Fee: \$ _____
# Classes @ \$16.25: _____	Prorate @ \$16.25: \$ _____
# Classes @ @13.75: _____	Prorate @ \$13.75: \$ _____
Method: Cash Check CC	Payment Due: \$ _____
	Amt Paid: \$ _____
Day: _____ Time: _____ Class: _____	Coach: _____
Day: _____ Time: _____ Class: _____	Coach: _____

-----For Office Use Only-----



POLICIES

BEHAVIOR

We encourage good sportsmanship, kindness, and respect for others. Children who bite, hit, push, or spit at other children or instructors will be removed from the floor immediately, and we will ask the parent to address the discipline problem. Children who are unable to maintain proper social distancing instruction will be referred to a parent for correction. We will document this behavior in the child's file. Children who have repeated behavioral issues will be permanently removed from our program. Action Gymnastics is proud to be an Equal Opportunity employer and service provider, but we reserve the right to refuse service to any customer, especially those who disrupt classes or threaten the safety of other customers.

CLOSURES

Monthly tuition is based on an average of 4 weeks in a month. This means that you pay for 48 weeks per year. As there are 52 weeks in a year, no discounts, make-ups or rebates will be given for scheduled Action Gymnastics closures. We will notify customers of scheduled closures on the lobby chalkboard, notice flyers, and on Facebook. If you "Like" us on Facebook, you can stay abreast of the latest happenings and closures!

COMMUNICATION

We post pertinent information on the bulletin board in the lobby as the need arises. Please review the board regularly as this may sometimes be the most effective way to communicate changes within our system and/or important information. We will also update our Facebook page and web site with information as needed. Our phone number is (931) 920-3111 if you need to call us, or you can contact us here, at the gym.

COMMUNICABLE DISEASE

We will do our best to prevent the spread of communicable diseases in our facility by increasing cleaning practices, decreasing class size and student density, limiting or prohibiting observation from the lobbies, or limiting siblings in the lobbies. We require that any customer or staff member refrain from coming into our facility if they are currently ill or have had a fever within the last 48 hours. Customers and staff are encouraged and expected to self-identify illness to us so that we can make informed decisions on our operations. To limit the risk of transmission of communicable disease:

- Periodically, we may require our staff and customers to wear simple masks to protect others from contracting an illness.
- Periodically, we may require our staff and customers to undergo a medical screening questionnaire and temperature taking. If anyone responds "yes" to any of the screening questions or if anyone's temperature is in excess of 100.4°F (38°C), we will direct that person or persons to leave and seek medical attention. We will require a doctor note releasing that person or persons to resume activities.
- Periodically, we may require additional handwashing or use of hand sanitizer by our staff, the gymnasts, and family members.

100 Industrial Drive, Clarksville, TN 37040 phone: 931.920.3111 // fax: 931.920.3478

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- Periodically, we may require reduced numbers of observers in our lobby areas.
- Periodically, we may disallow gymnasts' siblings from waiting in the lobby areas or using the play area.
- Periodically, we may require that gymnasts' family members remain outside the building during class to limit the potential risk of spread of communicable disease.

DISCOUNTS

\$10 discounts are given for each additional child after the first in the immediate family or for any child enrolled in more than one class per week. Discounts do not apply to Hot Shots, Pre-team, or Team tuition.

DRESS CODE

We recommend leotards for girls; however, T-shirts and shorts may be worn. Boys should wear T-shirt and shorts. Attire should not be loose fitting but should allow for a wide range of motion. Nothing with snaps, zippers, or buttons may be worn. All jewelry must be removed before class and hair must be secured in a way to prevent it from hindering the gymnast's vision.

DROPPING

A ten-business-day, written notice is required in our office before a student drops a class. Telling an instructor is not enough. This allows us to fill the vacated spot in the class for the next month and/or allows us to evaluate potential staffing modifications to the class. If we do not receive your written notification, re-enrollment will require an additional \$30 Registration Fee. Please note that we are unable to hold a spot in a specific class for students who will only be dropping for a month or so at a time.

ILLNESS

Anyone who has been recently ill should be fever-free for at least 72 hours without the use of medication to control fever before returning to class.

MAKE-UPS

Missed classes will not result in pro-rated tuition or refund. Action Gymnastics does not guarantee a make-up for a missed class. You must arrange a make-up through the office, take it within 4 weeks of the absence, and only two missed classes will be re-scheduled per month. The make-ups will only be offered Tuesdays, from 6pm to 7pm, unless your child takes a Mom & Me class. Classes missed due to holiday closures will not be allowed to be made up. Once scheduled, make-up classes will not be re-scheduled and missed make-ups will not be re-scheduled. Students enrolled in the team program are not able to take make up classes.

NO-OBLIGATION GUARANTEE

After your child's first class, if you are not 100% satisfied, there are no fees, and you can walk away. If, as we predict, your child enjoys the first class, we ask that you complete the

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registration process at our front office. If you have any coupons, please let our staff know at that time.

OBSERVATION

We welcome parents to observe from our lobby. Only Action Gymnastics staff and students are allowed into the gym areas, except for the Mom & Me classes, and certain case-by-case situations. For the safety of all our students, this policy will be strictly enforced. If it is necessary for you to communicate to your child or his/her instructor during class time, please see the office manager. Parents may only take photos and/or videos from the doorways. We may periodically require reduced numbers of observers in our lobby areas or that the gymnast's family members remain outside the building during class to limit the potential risk of spread of communicable disease.

PARTICIPATION

Both parents or all legal guardians must sign and return an injury release (Waiver) form before any child participates in a class. Parents/guardians must arrive on time to pick up their children. We ask that parents require their children to remain in the lobby to await pick-up. Action Gymnastics is not responsible once a child departs the building.

REGISTRATION FEE

An annual fee of \$30 per child is required at time of registration. This fee covers the liability expense incurred by the gym and is non-refundable.

SIBLINGS

Parents must supervise their children while in the lobby areas. Please encourage siblings to use "inside voices", keep the aisles and doorways clear, and be on good behavior; remember, other parents are trying to observe their own little gymnasts, too! We may periodically disallow siblings from waiting in the lobby areas or using the play area to reduce the risk of transmitting a communicable disease.

SPECIAL NEEDS

Parents who have children with special needs must identify those needs to our staff, and assist with their child, should such assistance be required; a parent knows his or her child's specific needs better than anyone else!

SUGGESTIONS

We encourage you to be involved with your child's progress and with the betterment of our program. If you have any questions, concerns or suggestions, please do not hesitate to contact us.



POLICIES

TUITION, PAYMENT, AND PENALTIES

Monthly tuition is due on the first of each month. Customers with open and due balances cannot attend class until they pay that balance in full. We do not pro-rate for missed classes, instead, we offer make up classes. To help keep costs down, we do not send statements unless requested by the customer.

All customers must complete the E-check authorization form for monthly tuition and must place a credit card on file at the front office, to ensure timely payment. On or about the first business day of each month, we will automatically charge the customer's checking account on file for that month's tuition. If the transaction fails, we will attempt to use the customer's credit card on file. For invoices outside of routine monthly tuition, on the due date, we will automatically charge the customer's checking account on file for annual registration fees, competition fees, team uniforms, or any other outstanding charges. Customers may pay via cash, check, or credit card (Visa, MasterCard, Discover) in advance of the invoice due date for invoices, should they elect to do so. We will send an electronic receipt of payment via email or text message, so please ensure your email address and phone number are up to date with our office. We will add an insufficient fund fee of \$25 for any returned checks.

If the checking account or card on file is rejected for any reason, we will re-attempt the charge and contact the customer for updated account information. If we do not receive payment prior to the tenth of the month, we will add a late fee of \$15 to the invoice. If we do not receive payment for competition fees by the due date, we will add a late fee of \$25 to the invoice. Student's may not attend class if the account is in arrears.

To ensure that we delete the card data on file and avoid inadvertent charges, customers should provide no less than 10 business day notice of termination of their class(es).

Customers whose accounts are sent for collection are responsible for any and all tuition, late fees, legal fees, court costs, collection fees, and interest, which will be assessed at 18% per annum, from due date.

Our mailing address is: Action Gymnastics, 100 Industrial Drive, Clarksville, TN 37040
These policies are subject to change without prior notice.

PAYMENT POLICY

I understand that fees and tuition are due by the first of each month, or the due date on the invoice, and that failure to pay on or before the 10th of that same month will result in a \$15 late fee. I understand that my athlete cannot attend class or practice until my balance due is paid in full. I agree to pay using the means of payment that Action Gymnastics has prescribed for its customers. I understand that the initial registration month will be prorated for number of classes I receive. I understand that I am responsible for all tuition, late fees, legal fees, court

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costs, collection fees, and interest at 18% per annum, should my account be in arrears and sent to collection.

POLICY ACKNOWLEDGEMENT

I have read and accept Action Gymnastics' Policies. I acknowledge that for my child or me to participate in any class or program offered by Action Gymnastics, I / WE must abide by all policies. I acknowledge that I have had the opportunity to read the policies and to ask any questions I / WE have regarding them. By evidence of my signature below, I hereby agree to follow the policies of Action Gymnastics. (All parents and/or legal guardians must sign below.)

1. Parent / Guardian Signature: _____

Parent / Guardian Full Name: _____

Date: _____

2. Parent / Guardian Signature: _____

Parent / Guardian Full Name: _____

Date: _____

3. Parent / Guardian Signature: _____

Parent / Guardian Full Name: _____

Date: _____

4. Parent / Guardian Signature: _____

Parent / Guardian Full Name: _____

Date: _____



Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

DISCLAIMER: ACTION GYMNASTICS & CHEER CENTRE, ITS OWNER(S) EMPLOYEES, TEACHERS, COACHES, VOLUNTEERS, OR AGENTS (HEREINAFTER REFERRED TO AS "ACTION GYMNASTICS") IS NOT RESPONSIBLE FOR ANY CONTRACTION OF ANY COMMUNICABLE DISEASE, OR INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE OBSERVING, PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, CAMPS, PARENTS NIGHT OUT, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL, OR TEAMS AT ACTION GYMNASTICS & CHEER CENTRE FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF ACTION GYMNASTICS & CHEER CENTRE, ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

1. Participant Full Name: _____

Participant Date of Birth: _____

2. Participant Full Name: _____

Participant Date of Birth: _____

3. Participant Full Name: _____

Participant Date of Birth: _____

4. Participant Full Name: _____

Participant Date of Birth: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

CONSENT: I am the parent or legal guardian of the herein listed minor and consent to my/the minor's participation in the activity and acknowledge that I fully understand my/the minor's participation may involve risk of serious injury, illness, or death, including losses that may result not only from my/the minor's own actions, inaction, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted, and/or the rules of play of this type of activity. I/the minor is physically and mentally capable of participation in the activity, and I shall notify the staff immediately if I/the minor should be unable to continue participation. I understand that all parents/legal guardians must complete this waiver for the minor to participate.



Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a 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 and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my/the minor's protection, including the active participation of a 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, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching, and other activities that may leave me/the minor vulnerable to the reckless actions of other participants who may not have complete control over their actions or knowledge of the risks involved and hereby agree to accept my/the minor and all inherent risks of property damage, personal injury, or death. I understand that if I have any risk concerns, I shall discuss them completely with the staff before I sign this agreement and before my/the minor's participation in the activity begins. I understand that activities in public spaces have inherent risk of contracting communicable diseases, and that should I or my child be ill that I will not bring my child to participate until cleared by a licensed medical professional, nor will I hold Action Gymnastics liable for contraction of any communicable disease by me or my child.

WAIVER: In consideration of my/the minor's participation, I hereby release and covenant not to sue Action Gymnastics from any all present and future claims resulting from ordinary negligence of Action Gymnastics or others listed for property damage, contraction of communicable disease, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me/the minor, my/the minor's family, estate, heirs or assigns.

I further agree to indemnify and hold harmless Action Gymnastics and all other listed for any and all claims arising as a result of my engaging in or receiving instruction in Action Gymnastics activities or any activities incidental thereto, whenever, wherever, or however the same may occur. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Tennessee and agree that if any portion is held invalid, the remainder 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 Tennessee.

PHOTO & VIDEO RELEASE: I grant consent for my/the minor's image to be taken via still photograph or video, while participating in activities at Action Gymnastics. I authorize

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Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (“Agreement”)

Action Gymnastics to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, website, and social media use. I hereby waive any right I may have to review, inspect, edit, or approve such publication and I release Action Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video, and/or film footage of me/the minor.

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Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

I affirm that I am of legal age and am freely signing this agreement. (If the participant is a minor, I affirm that I am the parent or legal guardian of the minor and affirm that I agree to all portions of this RELEASE AND WAIVER.) I affirm that I/the minor have/has no physical or mental limitations that I have not specifically identified to the staff, in writing. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies that may be available to me/the minor for the ordinary negligence of Action Gymnastics, or any person listed above.

1. Parent / Guardian Signature: _____
Date: _____

Parent / Guardian Full Name: _____

Parent / Guardian E-mail: _____

Home Phone: _____ Mobile Phone: _____

2. Parent / Guardian Signature: _____
Date: _____

Parent / Guardian Full Name: _____

Parent / Guardian E-mail: _____

Home Phone: _____ Mobile Phone: _____

3. Parent / Guardian Signature: _____
Date: _____

Parent / Guardian Full Name: _____

Parent / Guardian E-mail: _____

Home Phone: _____ Mobile Phone: _____

4. Parent / Guardian Signature: _____
Date: _____

Parent / Guardian Full Name: _____

Parent / Guardian E-mail: _____

Home Phone: _____ Mobile Phone: _____

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