

SPECTRUM SPORTS, Inc.

138 W. Carmel Dr. / Carmel IN
587-1503

For Office Use Only: Level _____ Day _____ Time _____ Enrolled _____

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New Student Registration Fee: 1st child \$35 2nd child \$30 Family \$50 (pd at start)

Annual Fee (Aug 1sr & after, unless yr round student)..... \$20 individual \$35 family

1. Last Name	Students First Name	Date Of Birth	School	Grade	Registration/Annual	Tuition	= Balance
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2. Last Name	First Name	Date Of Birth	School	Grade	Registration/Annual	Tuition	= Balance
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Address	City	State	Zip
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Mom's Name & Cell #	Dad's Name & Cell #	Home #	E-Mail
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Rules & Policies

Notification Of Risk / Waiver

I hereby enroll _____ & _____ in Spectrum Sports Inc.

Gymnastics-Tumbling & Cheer like any other athletic activity involving motion, rotation, and height, involves a risk of injury. You can be injured, and these injuries can cause pain and be serious. Some of the injuries may include broken bones, sprains, paralysis and even death. I will inform my Child of all Spectrum Sports policies and gym rules.

*I agree, to pay monthly tuition on the last class day of the previous month.

*I agree, to pay a late fee of \$10.00 per child if paid after 1st class of new month's tuition

*I agree, Spectrum Sports may collect from parents all costs incurred by enforcing the terms of this agreement, **collection agency**, court costs, and reasonable attorney fees.

These are risks **YOU ASSUME** when you practice gymnastics, tumbling, cheer, dance, privates and any activity that has a range of motion. You are being notified of the inherent risks that may exist in participation.

***Withdrawing, requires 2additional weeks after written notice is received. Not including day of class**

Following the rules that are posted in the gym lobby and gym itself will reduce risks. It is your responsibility to read the rules and explain these rules to your child as the responsible party who completed this Registration Form.

*NO written notice on file, you are charged two week tuition & late fee from last attendance.

***NO VERBAL WITHDRAWALS or TUITION CASH REFUNDS**

I will assume all medical expenses connected with an injury that may have resulted from participation in any activity at Spectrum Sports Inc.

*Make Up placement is at our discretion, according to enrollment. M-Ups not guaranteed.

*M-Ups must be completed while enrolled in the current schedule and cannot be rescheduled

I hereby voluntarily release, forever discharge, agree to indemnify and hold harmless Spectrum Sports Inc. equipment, or facilities including agents, owners, officers, affiliates, volunteers, participants, employees, and all other persons in any capacity on Spectrum's Sports behalf.

I/We assume all risks involved in participation in Spectrum Sports Inc, and all programs offered and hereby waive all claims against Spectrum Sports Inc., its' agents, principals and employees for any injury suffered by my child connected with programs/privates conducted at Spectrum Sports Inc.

I certify that I have read and been notified of all risks. I certify that I have discussed all risks with child enrolled at Spectrum Sport.

I have read the above policies and warnings. I fully understand and agree to them.

Signature of Responsible Party for Participant

Date