



Reflex Gymnastics Registration & Liability Release Sports Instruction Programs

Office Use Only
Family Name: _____
1 st Class: _____
2 nd Class: _____
3 rd Class: _____
Registration _____ Tuition _____ Date/Type _____

Today's Date: _____

1st Students Full Name: _____ Male/Female Birth date: ____/____/____

2nd Students Full Name: _____ Male/Female Birth date: ____/____/____

3rd Students Full Name: _____ Male/Female Birth date: ____/____/____

Home Phone: _____ Address: _____ City: _____ Zip: _____

Mother's Full Name: _____ Participant? Yes/No Employer: _____

Cell Phone: _____ Work Phone: _____ E-mail: _____

Father's Full Name: _____ Participant? Yes/No Employer: _____

Cell Phone: _____ Work Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Health Insurance Carrier: _____

***Please declare any physical or behavioral problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations. Lack of information could result in physical harm of your child, or our coach. We reserve the right to place children in an appropriate class based upon trial performance, or to deny instruction.*

In an effort to give appreciation to those who recommend our programs, please tell us how you heard about Reflex Gymnastics.

Friend (name): _____ Child Care: ____ Newspaper: ____ Location: ____ Yellow Pages: ____

TV: ____ Radio: ____ Demonstrations: ____ Mail: ____ Former Student? ____ Other (specify): _____

Please read this Liability Release Form carefully and sign as indicated

In consideration of allowing the previously- declared participant(s) to begin participation in Reflex Gymnastics activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves on behalf of the participant, release and hold harmless Reflex Gymnastics, it's owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Reflex Gymnastics is conducted, or any premises under the control and supervision of Reflex Gymnastics, it's owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Reflex Gymnastics, it's owners, officers, employees, or agents.

Assumption of Risk- Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participants(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but not obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

(Continued on back)

Medical Release

The undersigned gives permission for the Reflex Gymnastics owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

I understand that my child's likeness may be used in Reflex Gymnastics ads, promotional videos, website material, or various other marketing. These images will be used for Reflex Gymnastics purposes only, and will not be given or sold to outside companies or individuals.

Contact Information (e-mail)

I understand that my contact information must be provided and kept current. E-mail is the chosen form of communication for Reflex Gymnastics. I understand that any crucial information including but not limited to holiday closures, policy updates, statements, notices, newsletters, etc... will be E-mailed to me, additionally you will receive Reflex Gymnastics e-mail publications such as our newsletter on a monthly basis. **I understand that if I fail to learn of a policy because my contact information is not current it will not be considered a situation for forgiveness of any policies.** You will only receive information pertaining to Reflex Gymnastics and your e-mail will not be shared. If you do not own or have access to a computer please check the information board above the water fountain for the aforementioned information. Ignorance of a policy will never be considered grounds for not enforcing a policy.

Payment Information

- **Session Tuition** is due before the 1st day of the first month of a session. Each session is based on 12 weeks of classes. There is no guarantee that a session will start at the beginning of the month or end near the end of the month. Sessions may not be subdivided into smaller increments.
- **Monthly Tuition** is due before the 1st of each month with a late fee of \$7.50/per student being charged on the 1st to any outstanding accounts. Tuition is based on flat monthly rates.

If accounts are paid on or after the 1st of the month there will be a \$7.50 per student applied to the account balance. If by the 7th of the month there is still a tuition balance on your account you must satisfy the balance before your child may participate. If you should receive five classes during the month instead of four there will be no extra charge although considered a makeup for classes missed while Reflex Gymnastics is closed for holidays. We have found that during the course of the year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. Accounts that become 30 days overdue will be considered grounds for collections action. Reflex Gymnastics will be reimbursed for any court costs incurred during collections. There is a \$25.00 return check charge any returned checks returned by the bank. I understand that if I submit checks with insufficient funds, or am late with payments, that Reflex Gymnastics will require automatic credit/debit card payments, money order, or cashier's check payment from that point forward. Reflex Gymnastics does require a 14 day written notice to Reflex Gymnastics of any intent to discontinue. If notice is not given then the full last month of tuition will be charged, regardless of absences.

Parent/Guardian Signature: _____ Date: _____

Participant Signature if over 18 years of age: _____ Date: _____

I have received a copy of the parent handbook, agree and understand the policies and will keep apprised of any changes. Changes to the policies are posted on the bulletin board in the gym waiting area, or on the front door entry.

Parent/Guardian Signature: _____ Date: _____

Credit or Debit Card Charge Authorization Agreement

I, _____ the holder of a (type of card) _____ credit or debit card,

Card Number XXXX-XXXX-XXXX- _____ with expiration date _____ / _____, or a Bank Account Number _____

at (Bank Name) _____ with Routing Number _____, hereby authorize Reflex Gymnastics to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at Reflex Gymnastics including by not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front desk at Reflex Gymnastics. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a two (2) week written notice to Wings Center of any intent to discontinue. I agree to notify Wings, Inc. immediately of any change in the status of my charge account including by not limited to card expiration, name change, limitation of use, loss or theft or the card, ect. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Parent/Guardian Signature: _____ Date: _____