

Session: _____ Class: _____



Computer: _____
Name Tag: _____

Recreational Class Registration Form

Student Name: _____ Sex: _____ Age: _____ DOB: _____
(Last, First, Middle Initial)

Address: _____ City _____ Zip _____

Parent/Guardian Name: _____ / _____ Telephone: _____
(Last, First, Middle Initial), (Relationship to child)

Secondary Phone: _____ Email (please print clearly): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Consent and Release Agreement

I give permission for my child, named above, to participate in Win-Win Gymnastics classes and activities conducted at our training facility. I understand that gymnastics is inherently dangerous and carries a risk of physical injury. I certify my above-named child has had a medical examination within the last 12 months and is physically capable of participating in gymnastics. I also certify that the above-named child is covered by her/his own medical or accident insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at Win-Win Gymnastics. I waive the option to sue should my child incur an injury and agree to forever release Win-Win Gymnastics and its owners, employees or agents from any and all liabilities of whatever kind of nature. In the event of injury or illness, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted.

Policies (please check boxes)

- I understand that registration fees are non-refundable. I understand that if my payment by check is rejected due to non-sufficient funds, the fee is \$75.00. I understand that if I have a checked returned for non-sufficient funds that further payments will be on cash or credit only basis for a period of six months.
- I understand that if I choose the "pay-as-you-go" payment option, that my child's ability to attend class is subject to student ratios and that my child may not attend if the class is over the allotted ratio.
- I understand that make-up classes are limited to 2 per session and missed classes can ONLY be made up on Saturdays during the make-up time as determined by Win-Win Gymnastics and must be completed by the end of the session in which they were missed.
- Missed classes are non-refundable and will not be "moved out" to days not registered for.
- I agree that my child will arrive no earlier than 15 minutes prior to class and will be picked up promptly when class is over.
- For safety and security, I will escort my child into and out of the building and not just drop them off at the door.
- I agree to not interrupt classes while they are being conducted, including verbal and non-verbal communication with my child or coaching staff.
- I agree to not walk out onto the training floor, under any circumstances, unless instructed to do so by a coach or Win-Win staff.
- I agree to keep my child(ren) who are not participating in classes, under full observation and control and will not allow them to run freely around the gym or enter onto areas of the training floor (including preschool gym area) under any circumstances.
- Only the child registered for class can attend the class. Siblings CANNOT "fill in" and attend class in place of the registered child.
- I understand that my child will attend class only on the day registered for.
- There will be a \$5 fee for changing the day/time of my child's class once registered.

By signing below, I agree to all of the terms and policies specified above.

Parents/Guardian's Signature _____ Date _____

Class Selection:

Name of Class	First Choice		Second Choice	
	Day	Time	Day	Time
1				
2 (progression)				
3 (progression)				

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Registration Fees : (child) \$45-fall / \$35-spr / \$15-summer or (family) \$60-fall / \$50-spr / \$20-summer (Nonrefundable)

Registration Fee: _____ **Date Paid** _____ **Payment Method:** _____

Date	Session	Class Name	Number of Classes	Tuition Paid	Method	Beginning Date	Ending Date: