



# Enrollment Form

**How did you hear about us?**  Best Gymnastics Website  Best Night Out  Birthday Party  Direct Mail  
 Drive By  Facebook  Open Gym  Friend Referral  Search Engine  Twitter  Youtube

**Referral Name:** \_\_\_\_\_

## Family Information

**Family Last Name:** \_\_\_\_\_

### Contact #1:

<b>First Name:</b>	<b>Last Name:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Email Address (All Emails are kept confidential):</b>		

### Contact #2:

<b>First Name:</b>	<b>Last Name:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Email Address (All Emails are kept confidential):</b>		

### Address:

<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Hm. Phone:</b>
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### Emergency Contact Info (Someone other than contact #1 or #2):

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### Student #1 Information

<b>Full Name:</b>	<b>Birthdate:(MM/DD/YYYY)</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Disabilities, Allergies, &amp; Medications:</b>		

### Student #2 Information

<b>Full Name:</b>	<b>Birthdate:(MM/DD/YYYY)</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Disabilities, Allergies, &amp; Medications:</b>		

### Student #3 Information

<b>Full Name:</b>	<b>Birthdate:(MM/DD/YYYY)</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Disabilities, Allergies, &amp; Medications:</b>		

## Payment Policies

**PLEASE INITIAL IN THE SPACE PROVIDED**

\_\_\_\_\_ Autobill Accounts are drafted and credit cards on file are charged on the 25<sup>th</sup> of each month.

\_\_\_\_\_ There is a one-time registration fee of \$35 per child for class enrollment, not to exceed \$75 per family. This is a one-time fee, NOT an annual fee.

\_\_\_\_\_ Siblings receive a 20% discount per month on their tuition.

\_\_\_\_\_ Tuition is due on the 23<sup>rd</sup> of the month for next month's classes.

\_\_\_\_\_ Students with a balance on their account on the 8<sup>th</sup> of each month will be removed from the class roll and re-enrolled upon request with payment on a space available basis.

\_\_\_\_\_ Makeup classes are available for current students, and cannot be applied towards tuition or be refunded.

## **Best Gymnastics Waiver and Release**

Best Gymnastics recognizes our obligation to make our students and parents aware of the risks and hazards associated with the sport of Gymnastics, Tumbling, Cheerleading and Dance. Through the nature of sport and the activity, participants may suffer injuries, possibly minor, serious or catastrophic.

In consideration of Best Gymnastics allowing my child/gymnast to participate in sports activity, class, competition, team, including any non-gymnastics activities such as outdoor activities, cheer activities, dance (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

### **(1) ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS**

I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the gymnast's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost and damages that may result from the Activity. I hereby give my approval of and consent to the gymnast's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.

### **(2) REPRESENTATION AND ABILITY TO PARTICIPATE.**

I understand the nature of the Activity, and I represent that my child/gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child/gymnast, then it will be my responsibility immediately to discontinue my child/gymnast's participation in the Activity.

### **(3) RELEASE**

I hereby release, acquit, covenant not to sue, and forever discharge Best Gymnastics, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast's participation in the Activity and the transportation of the above names gymnast to and from the Activity (collectively the "Released Claims").

### **(4) INDEMNIFICATION**

I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

**I authorize Best Gymnastics to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the participant's protection. I understand that I am responsible to report any changes to this form to Best Gymnastics.**

### **Photography Release**

I understand that photos and videos may be taken of the participants at Best Gymnastics during activities. I hereby give Best Gymnastics and their legal representatives and assigns, the right and permission to publish, without charge, any photographs or video taken of my child at Best Gymnastics. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways. I agree that all rights to these photos or videos of my child are the sole property of Best Gymnastics. (Privacy Notice: Best Gymnastics will not sell or distribute member's information to any third party.)

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date