

ELITE GYMNASTICS ACADEMY

STUDENT REGISTRATION FORM

Please Provide the Following Information:

Student's Name: _____

DOB: _____ Child's Age: _____ M F

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home: () _____ Cell: () _____ Email: _____

How did you hear about us?

Family Magazine Web Site

Friend (name): _____

Other: _____

I, the undersigned, have read this registration form and agree to abide by the rules set forth in the General Gym Policies of Elite Gymnastics Academy.

Parent/Guardian Signature
(Participant Signature if over 18)

Date

– FOR OFFICE USE ONLY –

Class / Level: _____

Start Date: _____

Schedule:

Mon _____ to _____

Tues _____ to _____

Wed _____ to _____

Thurs _____ to _____

Fri _____ to _____

Sat _____ to _____

Prorated Tuition \$ _____

Monthly Tuition \$ _____

Other \$ _____

Total \$ _____

Amount Paid \$ _____ Credit Cash Check # _____

ELITE GYMNASTICS ACADEMY MEDICAL RELEASE FORM

Student's Name: _____

Student's DOB: _____ Student's SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: () _____ Cell Phone: () _____

Day Phone: () _____ Day Phone: () _____

Eve Phone: () _____ Eve Phone: () _____

Email: _____ Email: _____

Emergency Contact: _____ Relationship to Student: _____

Cell Phone: () _____ Home Phone: () _____

Student Medical Information

Health Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone: () _____

Health Concerns: _____

Medications: _____

Has the student had any serious illness, injury, or surgery? If yes, please give date(s) and describe:

Date (mm/yy): _____ Description: _____

Date (mm/yy): _____ Description: _____

Date (mm/yy): _____ Description: _____

MEDICAL TREATMENT AUTHORIZATION

I understand that by participating in sports at Elite Gymnastics Academy there is a possibility of injury, sickness, or catastrophic injury. I do hereby give Elite Gymnastics Academy permission to act in my behalf and do hereby grant permission to hospital staff members, urgent care members, a medical doctor, or duly qualified medical personnel to administer immediate treatment to my child should he/she be injured.

Parent/Guardian Signature
(Participant Signature if over 18)

Date

Elite Gymnastics Academy of San Diego

General Gym Policies

() Tuition

Initials Tuition for all classes is due on the first of each month. Tuition can be paid by any of the following methods:

- In person via cash, check, or credit card.
- With a check via US mail. We'll use the postmark as payment date.
- Over the phone with a credit card.
- Online: <http://www.e-junkie.com/EGATuition/product/322211.php>
- Recurring autopay: http://www.elitegymnastics.com/Elite_AutoPay_Enrollment_Form_Fillable.pdf

Tuition paid after the 1st of the month will incur a \$25 late fee per enrolled student. If tuition has not been paid by the 1st of the month, the student will not be permitted to join their class until all outstanding charges have been paid. This will apply even if the student is not able to come to class until after the grace period and even if the gym is closed for holidays.

() Make-Up Classes

Initials Any student who misses a regularly scheduled class for any reason has the option of making up the missed class. Make ups must be completed within one month of the missed class. Make ups must be completed in another scheduled class time of the same level and must be scheduled in advance at the front desk. Missed make ups will be counted as an attended class. The student's tuition must be current in order to be able to do make ups.

() Illness

Initials Students who show signs of illness such as runny nose, coughing, sneezing, fever, etc. are expected to be kept at home until symptoms are completely gone. Any student known to be contagious, but not showing any symptoms, is expected to remain at home until well. Coaches may not allow sick students to participate in class.

() Refunds

Initials Refunds will only be processed for requests made in writing to the owners of Elite Gymnastics and must be delivered either in person or via certified mail. The effective date for any applicable refund will be the date that the request is received by the owners of Elite Gymnastics. Refunds will be processed using the following methods:

- *For months which have not yet begun.* 100% refund will be given for any months which have not yet begun.
- *For months which have already begun.* A service fee of 50% of the current amount remaining on your account (less any non-refundable credits for paying ahead) or \$25, whichever is more, will be assessed when processing your refund.

() Returned Checks

Initials A \$25 fee will be applied to any checks returned by the bank for any reason. Re-payment for returned checks must be in the form of cash or credit.

ELITE GYMNASTICS ACADEMY WAIVER & RELEASE OF LIABILITY

Elite Gymnastics Academy * 1817 John Towers Ave * El Cajon, CA 92020
Tel: (619) 441-5900 * Fax: (619) 441-8729 * EGAInfo@cox.net * www.elitegymnastics.com

DISCLAIMER: ELITE GYMNASTICS ACADEMY IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL OR TEAMS AT ELITE GYMNASTICS ACADEMY FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF ELITE GYMNASTICS, ITS OWNERS, OFFICERS, AGENT OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue Elite Gymnastics, LLC., the Elite Gymnastics Board of Directors and officers, the Elite Gymnastics Booster Club and any of their employees, teachers, coaches or agents from any all present and future claims resulting from ordinary negligence of Elite Gymnastics, LLC. or others listed for property damage, 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, my family, estate, heirs or assigns.

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 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 which may leave me 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 and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless Elite Gymnastics Academy and all other listed for any and all claims arising as a result of my engaging in or receiving instruction in Elite Gymnastics, LLC. 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 California 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 California.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Elite Gymnastics Academy, LLC. or any person listed above.

One waiver must be completed and signed for each participant. Families with more than one participant may fill out contact information just once per family and then attach multiple waivers together.

Student's Name: _____

Participant DOB: _____ M F Class: _____

Referred by: Website Family Magazine Friend Other: _____

Parent/Guardian Name (first and last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Parent/Guardian Signature: _____ Date: _____
(Participant Signature if over 18)

ELITE GYMNASTICS ACADEMY AUTO PAYMENT ENROLLMENT FORM

Please note that enrollment in the Elite Gymnastics Academy auto payment program is optional. This form is included in the registration packet as a convenience to our new clients. If you are not interested in enrolling in the auto payment program, simply disregard this page.

Fill out the fields below and we can keep your credit card information on file to automatically pay your tuition each month. No more worries about paying by the 1st or late fees. With this information on file, you don't have to worry about a thing.

Cards will be charged on, or about, the 25th of each month.

Student's Name: _____

Card Number: _____ Exp Date (mm/yy) _____

Name on Card: _____

Street Address: _____

City: _____ State: _____ Zip: _____

As a security precaution, all credit card numbers are truncated to make sure that the information is safe and secure. The truncated number looks like this 1234 xxxx 5678.

Just drop this form off at the front desk and we can take care of the rest! If you want to enroll in this program, but don't want to fill out the form, just let us know at the front desk the next time you're in and we can get it all taken care of.