

2011-2012 PLANET GYMNASTICS PARTICIPANT

Child's Name: _____ F: _____ M: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ School: _____

Telephone #: () _____ E-mail Address: _____

Emergency #: () _____ Name of Emergency Contact: _____

Parent 1: _____ Cell #: _____ Work #: _____

Parent 2: _____ Cell #: _____ Work #: _____

Are there any medical conditions to which we should be alerted? _____

Releases, Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Name of child participant for whom I am parent or legal guardian _____
 (And for Tiny Tumbler parents) Name of Adult participant _____

I recognize that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I, despite all reasonable precautions implemented for safety am fully aware of and appreciate the risks including the risk of catastrophic injury, permanent disability, paralysis, and even death as well as other damages and losses associated with participation in the program. The risks assumed may be caused by me and/or my child's own actions, inactions, or those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below. I knowingly and willingly assume all risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Planet Gymnastics from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Planet Gymnastics. I hereby release, discharge, and covenant not to sue Planet Gymnastics, its representative administrators, directors, agents, officers, volunteers, employees, other participants, and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "RELEASEES" herein). I testify the child (or we) is qualified, in good health, and in proper physical condition to participate. And, as an adult participant, I acknowledge that by participating in gym activities and/or moving around in the gym, with its equipment and possible uneven surfaces, there is risk of injury. I acknowledge that I accept the risk, release Planet Gymnastics and its agents or employees from liability for such injury and waive the option to sue. I release Planet Gymnastics Corporation, staff, facility owner, or related parties from the responsibility or liability for insurance deductibles, medical expenses, and or damages incurred by my child, myself, or other family members while participating or using the facility and parking area. I understand that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover bodily injury or property damage I may cause or suffer while participating in the sport of gymnastics or any other related activity in or related to Planet Gymnastics or else I agree to indemnify and reimburse Planet Gymnastics for such fees and costs as incurred. I authorize Planet Gymnastics to seek medical treatment at the nearest medical facility in case of emergency. I authorize use of my own and my child's visual image in photos and video for use of newsletters, posters and advertising.

Tuition Agreement:

I wish to enroll my child in the 20-week session and pay \$96/month (\$76/month for Tiny Tumblers) with our EZ pay EFT payments, or save \$41 (save \$25 for Tiny Tumblers) and pay the full session amount of \$439 (\$355 for Tiny Tumblers). Developmental Class and Supergymgirls (1.5hr/week classes) are \$124/month. Please remember, if you choose to pay monthly it will be 5 equal monthly payments – no exceptions or early cancellations.

100% money back if not satisfied with our program during the first four consecutive weeks of your enrollment regardless of absences. There will be no refunds issued after the four week period.

I understand that all classes are a 20-week commitment and all team is a 10-month commitment (regardless if paying monthly).

- Annual registration fee is \$35.00 per child
- 10% discount for additional classes within the same session and a 20% discount for siblings.
- Tuition is pro-rated if enrolling after the first class meeting
- There will be **no refunds or credits** for missed classes unless due to serious illness or injury
- Make-ups are unlimited; however, must be scheduled in advance and are offered on a space availability basis only. See our self-serve make-up system on the office counter.
- A \$40.00 bank fee will be charged for all returned checks

I have sufficiently read and understand all the above and agree to abide by the policies listed.

SIGNATURE of parent or legal guardian _____ **Date:** _____

FALL 2011 SESSION

SPRING 2012 SESSION

For Office Use Only:	Deposit \$ _____	Deposit \$ _____
	Tuition Due \$ _____	Tuition Due \$ _____
Reg. Fee Payment		
Class, Day & Time		
Payment in Full		
Monthly Payment	9/ 10/ 11/ 12/ 1/	2/ 3/ 4/ 5/ 6/
Amount of Payment		
Method of Payment		

Phone:

First:

Name: (Last)