



**SONSHINE
GYMNASTICS**

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Student Registration Form

Recreational Classes: 2010-2011

(Preschool, Boys & Girls School Age, Training Group, Cheer, Tumbling & Elite Classes)

NAME: _____
CLASS: _____
DAY: _____
TIME: _____

Child's name _____ **Home Phone** _____

Mother/guardian's name _____ **Occupation** _____

Cell Phone _____ **Work Phone** _____

Father/guardian's name _____ **Occupation** _____

Cell Phone _____ **Work Phone** _____

Address: _____ **City** _____ **Zip** _____

E-mail address _____ (providing an e-mail address allows you to receive your monthly statement & authorizes e-mail communication about our programs)

Male Female **Birth date** ____/____/____ **Age** ____

School _____ **Track #** _____ **Allergies (type)** _____

Medications _____ **Medical Conditions** _____

Emergency Information:

Emergency contact person (if mother, father or guardian cannot be reached) _____

Relationship to child _____ **Phone #** _____

WAIVER OF LIABILITY—ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS

In consideration of participating in activities held at Sonshine Gymnastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named above; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Sonshine Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT—AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. I authorize Sonshine Gymnastics to utilize videotape, audio or photographic materials of myself or dependent children, for the purpose of promotional materials for Sonshine Gymnastics programs and services. This includes printed advertising material which may be posted on the Sonshine Gymnastics website.

I further understand there is a no refund policy. There is a \$25.00 charged for returned checks. A 30 day written notice is required when discontinuing.

_____ **Date:** _____

Printed name of Parent/Legal Guardian **Signature of Parent/ Legal Guardian**

MEMBERSHIP AGREEMENT POLICIES

Please initial that you have read and understand the following:

_____ **Annual Registration:** Recreational classes begin each year in August and run year round. (8/1/10—7/31/11) Students can join at any time with the remainder of the month prorated and are automatically enrolled each month. There is a \$35 non-refundable registration fee due per child upon enrolling. This covers the cost of registering and maintaining your child's records. The fee is prorated January through July.

_____ **Tuition Payment Policy :** Sonshine Gymnastics requires each family to keep a credit or debit card on file with our office. Tuition is based on a monthly payment schedule for the year and is to be paid in advance by the 1st of each month. You may still pay your tuition via cash, check or credit/debit card, but, if payment isn't received by the 1st we will charge the card or debit card information listed below. Keep in mind that balances cannot be carried over from month to month.

* Monthly tuition is based on a 4 week month and statements will be e-mailed to you. No additional charge is assessed for months that offer five classes, it always evens out. You are guaranteed 48 weeks per year (August-July). In months where holidays, gym closings, snow days, etc... affect the schedule of classes, tuition is not reduced.

_____ **Discounts:** Discounts are offered for enrolling multiple children into our recreational program. The first child is full price, 2nd and 3rd children receive 20% off, 4th child is free and 5th child is 50% off.

_____ **Additional fees:** There is a \$25 charge for returned checks and interruption with credit/debit card processing. (Ex. declined cards etc..)

_____ **Students Withdraws:** A 30 day written notice is required to un-enroll from the program. This ensures that we will know the number of students in class and can allow new students to join. This notice also stops us from charging your credit/debit card inadvertently.

_____ **Make-ups:** Tuition is not prorated for absences. Therefore, offering make-ups is a courtesy we extend to you. Students are eligible to make-up 1 class within 30 days as long as tuition and fees are up-to-date. Make-ups are held on Saturdays and sign ups are required. Spaces are limited and not guaranteed. They may not be "saved up" and taken as a free class at a later time. A scheduled make-up will be counted should you fail to notify us 24 hours in advance that you are cancelling. If you know your child will miss class please make arrangements ahead of time to make it up.

*Preschool, boys & girls recreational & 1 hour cheer classes make-up each Saturday @ 11 am.

*Tumbling classes make-up the 3rd Saturday of each month @ 12 noon.

*Specialty groups that practice 1 1/2 hours or more per week will not be eligible for make-ups. Monthly tuition rates have been adjusted to accommodate this.

CREDIT CARD AUTHORIZATION

I _____, authorize Sonshine Gymnastics to charge my credit card as indicated below. Furthermore, I agree to pay for accrued monthly fees and hold Sonshine Gymnastics harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on this credit card. This authorization is valid for the duration of my membership at Sonshine Gymnastics. I further understand there is a no refund policy.

_____ Date: _____

Cardholders Name (As it appears on the credit card)

Signature

Card Type: (Circle one) Visa MasterCard Discover

Credit Card #: _____/_____/_____/_____ Exp. Date: ____/____ Verification code: _____

Credit Card Billing Address: _____