



# Reflex Gymnastics Registration & Liability Release Sports Instruction Programs

Office Use Only	
<b>Family Name:</b> _____	
1 <sup>st</sup> Class: _____	_____
2 <sup>nd</sup> Class: _____	_____
3 <sup>rd</sup> Class: _____	_____
Registration _____ Tuition _____	_____
Date/Type _____	_____

Today's Date: \_\_\_\_\_

1<sup>st</sup> Students Full Name: \_\_\_\_\_ Male/Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2<sup>nd</sup> Students Full Name: \_\_\_\_\_ Male/Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3<sup>rd</sup> Students Full Name: \_\_\_\_\_ Male/Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Participant? Yes/No Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Participant? Yes/No Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

*\*\*Please declare any physical or behavioral problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations. Lack of information could result in physical harm of your child, or our coach. We reserve the right to place children in an appropriate class based upon trial performance, or to deny instruction.*

*In an effort to give appreciation to those who recommend our programs, please tell us how you heard about Reflex Gymnastics.*

Friend (name): \_\_\_\_\_ Child Care: \_\_\_\_ Newspaper: \_\_\_\_ Location: \_\_\_\_ Yellow Pages: \_\_\_\_

TV: \_\_\_\_ Radio: \_\_\_\_ Demonstrations: \_\_\_\_ Mail: \_\_\_\_ Former Student? \_\_\_\_ Other (specify): \_\_\_\_\_

***Please read this Liability Release Form carefully and sign as indicated***

In consideration of allowing the previously- declared participant(s) to begin participation in Reflex Gymnastics activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves on behalf of the participant, release and hold harmless Reflex Gymnastics, it's owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Reflex Gymnastics is conducted, or any premises under the control and supervision of Reflex Gymnastics, it's owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Reflex Gymnastics, it's owners, officers, employees, or agents.

**Assumption of Risk**- Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participants(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but not obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

**(Continued on back)**

**Medical Release**

The undersigned gives permission for the Reflex Gymnastics owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

**Marketing Release**

I understand that my child's likeness may be used in Reflex Gymnastics ads, promotional videos, website material, or various other marketing. These images will be used for Reflex Gymnastics purposes only, and will not be given or sold to outside companies or individuals.

**Contact Information (e-mail)**

I understand that my contact information must be provided and kept current. E-mail is the chosen form of communication for Reflex Gymnastics. I understand that any crucial information including but not limited to holiday closures, policy updates, statements, notices, newsletters, etc... will be E-mailed to me, additionally you will receive Reflex Gymnastics e-mail publications such as our newsletter on a monthly basis. Also instructors and administration staff will choose to send information to you by e-mail rather than phone. **I understand that if I fail to learn of a policy because my contact information is not current it will not be considered a situation for forgiveness of any policies.** You will only receive information pertaining to Reflex Gymnastics and your e-mail will not be shared. If you do not own or have access to a computer please check the information board above the water fountain for the aforementioned information. Ignorance of a policy will never be considered grounds for not enforcing a policy.

**Payment Information**

Tuition is due the last day of the preceding month. If tuition is paid a minimum of three months at a time ahead of being due families will receive a 10% discount. If accounts are paid on or after the 1<sup>st</sup> of the month there will be a \$7.50 per student applied to the account balance. If you need to make other payment arrangements please notify us before the payment is due to attempt to work something out. If by the 7<sup>th</sup> of the month there is still a tuition balance on your account you must satisfy the balance before your child may participate. Accounts that are still outstanding as of the 15<sup>th</sup> are subject to collections action. Reflex Gymnastics collections are handled outside of the company by an agency. Reflex Gymnastics is not responsible for any negative content reported to a credit bureau as the result of collections activity. Reflex Gymnastics will be reimbursed for any court costs incurred during collections. There is a \$25.00 return check charge any returned checks returned by the bank. I understand that if I submit checks with insufficient funds, or am late with payments, that Reflex Gymnastics will require automatic credit/debit card payments, money order, or cashier's check payment from that point forward. If you should receive five classes during the month instead of four there will be no extra charge although considered a makeup for classes missed while Reflex Gymnastics is closed for holidays. We have found that during the course of the year this averages out nicely and is a far less confusing payment arrangement for everyone concerned.

- **No refunds will be given, if compensation is required for a service we will issue a credit which can only be used at Reflex Gymnastics.**
- **Reflex Gymnastics does require a written notice to Reflex Gymnastics of any intent to discontinue; this notice is due no later than the 15<sup>th</sup> of the last month. If no notice is given I will be charged for unattended classes.**

By signing below I am acknowledging that I have read, understand and agree to the above information.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature if over 18 years of age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit or Debit Card Charge Authorization Agreement**

I, \_\_\_\_\_ the holder of a (type of card) \_\_\_\_\_ credit or debit card,

Card Number XXXX-XXXX-XXXX- \_\_\_\_\_ with expiration date \_\_\_\_\_ / \_\_\_\_\_, or a Bank Account Number \_\_\_\_\_

at (Bank Name) \_\_\_\_\_ with Routing Number \_\_\_\_\_, hereby authorize Reflex Gymnastics to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at Reflex Gymnastics including by not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front desk at Reflex Gymnastics. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a two (2) week written notice to Wings Center of any intent to discontinue. I agree to notify Wings, Inc. immediately of any change in the status of my charge account including by not limited to card expiration, name change, limitation of use, loss or theft or the card, ect. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_