

Somersaults Gymnastics Center Registration & Liability Release

Gymnastics Instruction 2020-2021

OFFICE USE ONLYDrop Date Entered (trials only) _____
Registration Fee Posted (class enroll only) _____
Fees Checked and Posted _____

How did you find out about us? Please circle one. Website _____ Friend/Family Member: _____

Corridor Family Guide _____ Newspaper Ad _____ Phone Book _____ Child Care _____ Mailer _____ School Flyer _____ Facebook _____

Birthday Party _____ Other: _____

Please Initial:

_____ 3 Makeup Classes Allowed During Current Session (active students only).

_____ 10 Day Written Notice to Business Office to Drop Class.

_____ All students must be healthy for 24 hours and temp below 100 to enter the facility.

1st Student's Full Name: _____ Male/Female Birthdate: ___/___/___

2nd Student's Full Name: _____ Male/Female Birthdate: ___/___/___

3rd Student's Full Name: _____ Male/Female Birthdate: ___/___/___

4th Student's Full Name: _____ Male/Female Birthdate: ___/___/___

1st Parent's Full Name: _____ E-mail: _____

Home Phone: _____ Cell #: _____ Work #: _____

Address: _____ City: _____ State: ___ Zip: _____

Employer: _____

2nd Parent's Full Name: _____ E-mail: _____

Home Phone: _____ Cell #: _____ Work #: _____

Address-circle if same as above: _____ City: _____ State: ___ Zip: _____

Employer: _____

Additional Emergency Contact (if any): _____

Relationship to Student: _____ Home Phone: _____ Cell: _____ Wk: _____

Health Insurance Carrier: _____ Subscriber #: _____

Choice of Hospital: _____ Primary Care Physician: Name _____ Phone _____

*** Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to know:

- PLEASE READ AND SIGN LIABILITY AND RELEASE FORM ON THE BACK -

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY: Students must adhere to illness policy and 24-hour wellness standard. Students who appear ill or have a temp over 100 will be sent home. Our child has no physical or health conditions that would limit her participation in gymnastics activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. We hereby give permission for our child to have his/her temperature taken before participation in activities at Somersaults Gymnastics Center; participate in activities at Somersaults Gymnastics Center; and to work on all the necessary equipment. We understand that Somersaults Gymnastics Center will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, Somersaults Gymnastics Center, staff has our permission to use their judgment regarding treatment until we are contacted. Moreover, we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, we understand that our child will be transported to the nearest hospital by the local emergency resource if rescue squad deems necessary. We understand that we are responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parent's behalf.

As the legal guardian of my designated student(s), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, swimming, martial arts, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

REGISTRATION FEE: All students will be charged \$27 school year registration fee. (\$9 registration fee for summer.)

PAYMENT POLICIES: Autopay (ACH) is the preferred method of payment. ACH via a checking account (preferred) or credit card may be set up through your family account on our website. **ACH drafts are run by Somersaults on the first day of each month. Saving your bank or credit card information on your account authorizes us to run these payments.** Payments may also be made via cash or check. Credit cards are also accepted with a 2.5% surcharge added to help cover the processing charges.

4 WEEK (MONTHLY) PAYMENTS: Payments are due the 1st of each month. Invoices are sent via email around the 20th of each month, with tuition due on the 1st of the following month. Please make sure to check your invoice each month to ensure charges are correct and contact us if you feel there may be an error in your invoice. **Any late payments are assessed a \$10 late fee.**

All customers will be required to have a valid credit card or ACH information on file. If payment is not made by the due date, your card or ACH will be charged for the amount due. If you do not have a credit card or ACH on file and payment is not made by the due date, your child will be dropped from his/her class.

PAST DUE ACCOUNTS: Any accounts not paid by the due date will be assessed a \$10.00 late fee and a statement will be sent to you. Any future statements sent will have a \$10 statement fee added. Accounts 90 days past due may be sent to a collection agency, and a fee of ½ of the amount due will be added to your account to cover the cost of collections.

MAKEUP POLICY: All Students will be allowed to makeup 3 missed classes during the current session. Because of our strict student to teacher ratio, missed classes will not result in prorated tuition or refunds. No refunds/proration for classes missed including scheduled holidays or weather-related closings.

DROP PROCEDURE: PARENTS MUST NOTIFY THE OFFICE TO DROP A STUDENT FROM CLASS. Only a written notice via email, regular postal mail or hand delivered to our front desk will be acceptable. 10-day written notice is required. If you drop prior to the session beginning, we will issue a refund less a \$10 administrative fee. **Please note: You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS** until the time you notify the staff VIA WRITTEN NOTICE. Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification, then that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to another child. Refunds are not given. If notice is given after monthly tuition has been paid, **there will be no refund or proration for the remainder of the month**, and your child will be withdrawn from class effective at the end of the month. Any account 90 days past due may be sent to a collection agency.

WHAT TO WEAR: All students must wear proper attire to class: **Girls 3 and older** - leotard (no tights), long hair up, no jewelry. Sports bras are not acceptable workout attire unless covered by a leotard. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. Girls should not wear bows or other large hair ornaments that may cause discomfort during activity. **Boys** - Shorts/sweatpants and a t-shirt TUCKED IN. All students best barefoot, socks are acceptable. Personal items should be left in cubby holes. Jewelry should not be worn during classes. **PLEASE LEAVE JEWELRY ARTICLES AT HOME.** This facility's staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name.

ARRIVAL AND PICKUP: Be sure your student arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your student on time. Please inform us if you know you will be late picking up your student. Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.

BILLING AUTHORIZATION: I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties. I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 10-day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes, until I notify this facility in writing to drop my student from class(es). Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

PHOTOGRAPHY: I give my consent for my child(ren) be photographed for use by Somersaults Gymnastics Center in newspapers or other media.
Parent/Guardian Signature _____ Date _____