

**GYMNASTICS UNLIMITED**

**2011 – 2012 Registration Form**

Last Name \_\_\_\_\_

301 – G North Green Meadows Dr.

Aug 22, 2011 – June 9, 2012

Wilmington, NC 28405

Phone (910) 452-3547

Fax (910)794-1786

Date of Registration: \_\_\_\_\_

Parent's Name \_\_\_\_\_  
(Please Print)

Phone (910) \_\_\_\_\_

Address: \_\_\_\_\_

Cell (910) \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Work (910) \_\_\_\_\_

How did you hear about us? Phone Book  Internet/Web  Birthday Party  Friend \_\_\_\_\_  Other \_\_\_\_\_

Child's Name	Sex	Birthday	Class	Day	Time	Fees

**Tuition Payment** is due on the **First Week of Class** of each 8 week billing Cycle for recreational classes. If payment is made during that week, you will be given a \$5.00 gym credit. This credit is not refundable for cash but may be used toward tuition. Tuition is **NOT** pro-rated for missed classes or vacation days. **Make-up Time:** If your child misses a class he/she may make up the time in the gym by attending an open gym session on Friday afternoons and it must be made up within 8 weeks of the missed class.

**\*\*\*Withdraw:** If you chose to withdraw before June 9, 2012, you must fill out a withdrawal form and return it to the office. **We require 2 weeks paid notice before you withdraw.** (Office Use Only)

I fully understand the Payment, Make-up and Withdraw Policy:

\_\_\_\_\_

(Signature and Date)

Tee - Shirt		Registration Renewal Date	1 <sup>st</sup> Child 2 <sup>nd</sup> child
Auto Draft		Registration Pd	
Waiver Signed		Tuition Pd	
Withdraw		Total Paid	

I fully understand that Gymnastics Unlimited staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics Unlimited staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Gymnastics Unlimited staff to call our doctor and to seek medical help, including transportation by a Gymnastics Unlimited staff member or its representatives, whether paid or volunteer to any health care facility or hospital, or the calling of an ambulance for said child should the Gymnastics Unlimited staff deem this to be necessary.

We, the staff of Gymnastics Unlimited recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of Gymnastics, Cheer, Tumbling, Trampoline, Stunting, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's Instructions.

Gymnastics Unlimited, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, cheer, dance, tumbling, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate in or while traveling to or from the event.

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Gymnastics Unlimited. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Gymnastics Unlimited and / or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the Parent's responsibility to warn the child about the dangers of gymnastics injury. The parent should warn the child according to what the parent feels is appropriate. Gymnastics Unlimited will only warn the child through "safety Messages" our teaching style and progressions.

Current Insurance Provider: \_\_\_\_\_

\*E-mail Address \_\_\_\_\_ (needed for billing)

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Conditions/Allergies/pre-existing injuries \_\_\_\_\_