

GYMNASTICS UNLIMITED
 301 – G North Green Meadows Dr.
 Wilmington, NC 28405

2020 - 2021 Registration Form
 August 16, 2020 – May 29, 2021

Phone (910) 452-3547 Fax (910)794-1786

Last Name _____

Date of Registration: _____

Parent's Name _____
 (Please Print)

Phone (910) _____

Address: _____

Cell (910) _____

City, State _____ ZIP _____

Work (910) _____

How did you hear about us? TV Commercial Internet/Web Birthday Party Friend _____ Other _____

| Child's Name | Sex | Birthday | Class | Day | Time | Fees |
|--------------|-----|----------|-------|-----|------|------|
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Tuition Payment is due on the **First day of Class** of each Month for recreational classes. Nonpayment of tuition by the 10th of the month will result in your gymnast sitting out of class. Tuition is **NOT** pro-rated for missed classes or vacation days. **Make-up Time:** If your child misses a recreational class, he/she may make up the time by attending an open gym on Friday afternoon or rescheduling a class with our front office. The missed class must be made up within 8 weeks of the missed class. This make up policy **EXCLUDES** home school and all competitive programs.

*****Withdraw: If you chose to withdraw before May 29th 2021, you must give a 2-week written notice and turn it in to the front office.**

(Office Use Only)

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|---|
| I fully understand the Payment, Make-up, and Withdrawal policy: <hr/> (Signature & Date) |
|---|

| | | | |
|---------------|--|------------------------------|--|
| Tee - Shirt | | Registration Renewal Date | 1 st Child 2 nd Child |
| Auto Draft | | Registration Pd | |
| Waiver Signed | | Tuition Pd | |
| Withdraw | | Total Paid | |

Waiver and Release

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.

I am aware that while gymnastics, tumbling or parkour activities are individual sports, there will be times when incidental contact will occur. Gymnastics Unlimited programs are operating in a social and physical distancing but even with the best efforts and intentions there will be times when children will breach the suggested (6' currently) distancing recommendations. In addition, our teaching and coaching staff will spot (physically assist) when the circumstance requires it. Spotting or students and athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly and to prevent injury. I understand and agree that spotting will be a part of the learning process here at Gymnastics Unlimited and I agree to permit my child's coach/teacher to physically assist my child when needed. Direct assistance will also be provided in the event of an injury or a hurt, to wipe away tears and to give a fist or elbow bump as needed.

In conjunction with our non-payment of Tuition clause by the second week of class, I will give my credit card number to only be charged IF I have not paid in some other manner by the second week of the billing period. If my card does not go through with a full payment, my child will be sat out of class for non-payment of tuition.

Card Number _____ - _____ - _____ - _____ Card Expires _____ 3 Digit code _____

Current Insurance Provider: _____

*Your E-mail Address (Print Clearly) _____ (needed for billing)

Parent /Guardian Signature _____ Date _____

Medical Conditions/Allergies/pre-existing injuries (Ex. ADD, ADHD, Asperger, Sensory disorders)
