GYMNASTICS UNLIMITED **2021 - 2022 Registration Form** Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

301 – G North Green Meadows Dr. August 29, 2021 – May 28, 2022

Wilmington, NC 28405

Phone (910) 452-3547 Fax (910)794-1786 Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (910) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

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 and a late fee of $10.00. 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 28th 2022, you must give a 2-week written notice and turn it in to the front office.**

(Office Use Only)

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

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

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. We will also follow all state mandates and CDC guidelines when the circumstances arise.

**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.**

**\*\*\*It is understood and agreed that Gymnastics Unlimited may permanently discontinue classes for any gymnast, with or without cause, at any time upon written notice to the parent of the child. Written notice by email shall be effective upon sending a notice by mail. In the event of such termination, any unearned payments will be refunded to the parent of the gymnast.**

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 with or without masks (Ex. ADD, ADHD, Asperger, Sensory disorders)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_