

GYMNASTICS UNLIMITED  
 301 – G North Green Meadows Dr.  
 Wilmington, NC 28405  
 Phone (910) 452-3547 Fax (910)794-1786

2018 – 2019 Registration Form  
 August 27, 2018 – June 8, 2019

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

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

Parent's Name \_\_\_\_\_

(Please Print)

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

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

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

**Tuition Payment** is due on the **First day of Class** of each billing Cycle for recreational classes. Nonpayment of tuition by the second week of the billing period 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 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.

**\*\*\*Withdraw: If you chose to withdraw before June 8, 2019, you must give a 2 week written notice and turn it in to the front office.**

I fully understand the Payment, Make-up, and Withdrawal policy.

  
  

\_\_\_\_\_

(Signature & Date)

**\*\* (Office Use Only) \*\***

Tee - Shirt		Registration Renewal Date	1st Child 2nd 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.

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)

\_\_\_\_\_

