

GYMNASTICS UNLIMITED 2019 Summer Registration Form

Last Name _____

301 – G North Green Meadows Dr.

June 16, 2019 – August 24, 2019

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) _____

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.

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

(Signature and 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)

