

# WIMBLETON GYMNASTICS Registration Form

Please complete this form and return with registration fee.

## FAMILY INFORMATION

New: \_\_\_\_\_ Returning: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Responsible Party (if other than above): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

	Child's Name (First Last)	Date of Birth	Age	Sex	School
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

## MEDICAL INFORMATION

Known Medical Conditions

Physician and Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in **WIMBLETON GYMNASTICS** I represent that I understand the nature of this Activity and that I am qualified, in Good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will Immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent Disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **Wimbleton Gymnastics**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors, of premises on which the Activity takes place, {each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees", or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL CONSENT

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN UNDERSTAND THE NATURE OF THE ABOVE REFERENCED ACTIVITIES AND THE Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not To sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any RELEASEE may incur as the result of any such claim

Printed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# WIMBLETON GYMNASTICS TERMS AND CONDITIONS

**TUITION** is paid monthly and is due on the **FIRST DAY OF EACH MONTH**. A \$10.00 late fee will be added **IF** the tuition is not received by the **10th OF THE CALENDAR MONTH**. If the tuition is not paid by the **15th OF THE CALENDAR MONTH** your child/children will be dropped from his/her class until your account is current. Tuition can be paid at the gymnastics office, by mail, or by phone. We accept cash, checks made payable to **Wimbleton Gymnastics**, as well as Visa, Master Card, Discover, and American Express. **Wimbleton Gymnastics** also offers an automatic tuition payment plan. Any unpaid balances including tuition, late fees, and/or other unpaid charges not paid by the **15th OF THE CALENDAR MONTH** will be charged to the credit card below.

\_\_\_\_\_ **I accept enrollment in WIMBLETON GYMNASTICS'S Auto-Pay Program and understand my credit card will be billed for tuition and other outstanding charges on the 1st business day of each calendar month.**

\_\_\_\_\_ **I understand that this Auto-Pay deduction will remain in effect until I have provided WIMBLETON GYMNASTICS with a WRITTEN DROP NOTICE. This drop notice must be received prior to the first day of the calendar month I intend to drop.**

\_\_\_\_\_ **I decline enrollment in WIMBLETON GYMNASTICS'S Auto-Pay Program and understand that I am responsible for paying tuition and other outstanding charges on the 1st business day of each calendar month.**

Card: VISA MC AM EX DIS	Number: _____	Exp: _____
Begin payments on: _____		CVV2: _____
Print Name: _____	Enrolled Student's Name: _____	
Card Holder Signature: _____	Date: _____	

1. Returned checks are subject to a \$25 insufficient funds charge, which will be added to your account.
2. There is an **ANNUAL REGISTRATION** fee of \$35 per child which is prorated August 1 - July 31: \$35, January 1 - July 31: \$25, May 1 - July 31: \$15. This registration fee is non-refundable and must be paid at the time of enrollment along with the first month's tuition.
3. **DROPPING CLASSES** is permitted **ONLY WITH A WRITTEN NOTICE TO THE OFFICE** (phone calls or informing the coach **IS NOT** sufficient). Drop notices must be received **PRIOR TO THE 1ST OF THE MONTH** that you intend to drop **OR YOU WILL BE OBLIGATED TO PAY FOR THAT MONTH'S TUITION**. Please note that if a child temporarily drops from a class, his/her spot in that class is not guaranteed at the time of re-enrollment. **DROPPING RELINQUISHES YOUR SPOT IN THAT CLASS.**
4. **TRANSFERRING CLASSES** is permitted so long as there is space available in the class you wish to transfer to and that **IT IS ARRANGED AT THE GYMNASTICS OFFICE PRIOR TO TRANSFERRING TO THE INTENDED CLASS**. Transferring classes is a privilege, **PLEASE DO NOT ABUSE IT. WIMBLETON GYMNASTICS** reserves the right to refuse **ANY** class transfers.
5. **MAKE UP CLASSES:** There are **NO REFUNDS, DISCOUNTS, OR PRORATES** if a student is absent. There will be **ONE MAKE UP CLASS** offered at the end of each month for any classes missed **IN THAT MONTH**. Absences **CANNOT** be transferred from one month to another. It is **YOUR RESPONSIBILITY TO NOTIFY THE GYMNASTICS OFFICE** that you wish to sign up for the make up class. A schedule of make up class dates is available in the gymnastics office.
6. **HOLIDAYS, CLOSINGS, AND CANCELLATIONS** do not constitute a make up day. **WIMBLETON GYMNASTICS** reserves the right to cancel any class at any time.
7. It is the responsibility of the parent or legal guardian of the enrolled student to pay all tuitions, registration fees, and associated fees in the timely manner as listed above. In the event that the aforementioned fees and/or other balances have not been paid, all additional fees for the purpose of professional collection services and legal representation will be the responsibility of the parent or legal guardian of the enrolled student. **OVER DUE BALANCES WILL BE TURNED OVER TO A PROFESSIONAL COLLECTION SERVICE.**

**"I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE."**

Print Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Trial: _____		Enroll: _____		For Office Use	
Class: _____		Day: _____		Time: _____	