

Registration Form

Turle's American Gymnastics & Trampoline Academy Inc.

2272 Pinnacle Pkwy

Twinsburg OH 44087

330 - 405 - 0777

turles@windstream.net

www.turlesgymnastics.com fax 330 - 405 - 0771

STUDENT	Student's Name _____ Sex _____ D.O.B _____ Age _____ Home Address _____ City _____ Zip _____ Home Phone _____ Daytime email(parent) _____																																
Parent or Guardian	<i>Driver's license OR Social Security # required</i> Father's Name _____ Social Security # _____ Driver's License# _____ Place of Employment _____ Occupation _____ Work Number _____ Cell Phone Number _____																																
	<i>Driver's license OR Social Security # required</i> Mother's Name _____ Social Security # _____ Driver's License# _____ Place of Employment _____ Occupation _____ Work Number _____ Cell Phone Number _____																																
	<p style="text-align: center;"><i>In Case of Emergency please list an alternative contact should we be unable to reach you.</i></p> 1. Emergency Contact _____ Relationship _____ Phone _____ 2. Emergency Contact _____ Relationship _____ Phone _____ Please list any medical conditions and/or allergies we should be aware of _____ _____ Child's Doctor _____ Phone _____ I/We hereby give my/our authorizations to contact my/our child's doctor and/or transport my/our child to a nearby medical facility for treatment by medical personnel after reasonable effort to contact me/us. Parent/Guardian Signature _____ Date _____																																
	<p style="text-align: center;">Emergency Information</p>																																
Class and Payment Options	Person responsible for billing: _____																																
	First Choice: Class _____ Day _____ Time _____ Second Choice: Class _____ Day _____ Time _____																																
	Registration/Insurance Fee: (Non-Refundable) \$45 per year per family \$45 Class Fees \$ _____ Total Fees Due \$ _____ (NO REFUNDS)																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Monthly Rates/Weekly Class Hour</th> </tr> </thead> <tbody> <tr> <td>30 - 45 min.</td> <td>\$44</td> <td></td> <td></td> </tr> <tr> <td>1hr.</td> <td>\$60</td> <td>5hr.</td> <td>\$185</td> </tr> <tr> <td>1.5 hr.</td> <td>\$90</td> <td>6hr.</td> <td>\$190</td> </tr> <tr> <td>2 hr</td> <td>\$110</td> <td>7hr.</td> <td>\$210</td> </tr> <tr> <td>2.5hr</td> <td>\$125</td> <td>8hr.</td> <td>\$220</td> </tr> <tr> <td>3hr</td> <td>\$135</td> <td>9hr.</td> <td>\$225</td> </tr> <tr> <td>4hr.</td> <td>\$180</td> <td>12hr.</td> <td>\$280</td> </tr> </tbody> </table>	Monthly Rates/Weekly Class Hour				30 - 45 min.	\$44			1hr.	\$60	5hr.	\$185	1.5 hr.	\$90	6hr.	\$190	2 hr	\$110	7hr.	\$210	2.5hr	\$125	8hr.	\$220	3hr	\$135	9hr.	\$225	4hr.	\$180	12hr.	\$280
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<h2 style="margin: 0;">-----AUTOCHARGE-----</h2>																																	
To have your monthly tuition conveniently charged to your credit card each month, please fill out the following information. Card Type _____ Card Number _____ Exp. Date _____ Visa/Mastercard/Discover																																	
Automatic Charge Amount \$ _____ Charge Dates __/10thru 06/11 Signature _____																																	
PLEASE SELECT: Tuition will be charge the 15 TH OF THE MONTH PRIOR OR Tuition will be charged on the 1 st																																	
I/WE _____ Initials _____ hereby agree to pay \$ _____ Initials _____ per month for _____ Initials _____ months. I do understand and agree to pay the monthly tuition regardless of my child's attendance until a written withdrawal notice is submitted to Turle's office. Signature _____ Date _____ (NO REFUNDS)																																	

Turle's Gymnastics Rules and Policies

In consideration of membership as a student athlete at Turle's Gymnastics, the parents and/or legal guardian are aware of and agree to the following:

Please initial next to each statement that you have read, understand and agree

MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT WITH ACKNOWLEDGEMENT OF RISK

1. The participant will be instructed in and shall carefully follow all gymnastics safety guidelines and rules as posted, as instructed and as demonstrated by Turle's American Gymnastics and Trampoline Academy, Inc. ___ *Initials*
2. I/We realize that, "By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how many spotters are used, no matter what height is used or what landing surface exists, the risks cannot be eliminated. The risks include minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risks also include catastrophic injuries such as **PERMANENT PARALYSIS OR EVEN DEATH FROM LANDINGS OR FALLS ON THE BACK, NECK OR HEAD.**" (USA Gymnastics Safety Manual, 1994 Edition) ___ *Initials*
3. I/We hereby accept and assume such risks and responsibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused in whole or in part by the negligence of the "Releasees" named below, for each and every event or activity sponsored or organized by them. ___ *Initials*
4. The "Releasees" are: Turle's American Gymnastics & Trampoline Academy, Inc.; Event Hosts; Other participants; Coaches; Instructors; Officials; Sponsors; Advertisers; Owners; Lessees of the premises; All of the above respective heirs, assignees and executors used to conduct the activity. ___ *Initials*
5. I/We also affirm that I/we now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my/our child's protection and my own protection. ___ *Initials*
6. I/We give permission for Turle's American Gymnastics and Trampoline Academy, Inc. to publish gymnastics class pictures of my child on the company website, brochure and/or newsletters, newspapers or local cable and television stations without any right to compensation. ___ *Initials*

CLASS ENROLLMENT AND PAYMENT POLICIES

1. I/We understand and agree that tuition is due on a monthly basis prior to the 1st class of each month. I/We agree any tuition paid after the 8th of the month will incur a \$10 late charge and that payment will be due regardless of my child's attendance. I/we also agree to pay any and all collection fees if account exceeds 90 days past due, including but not limited to attorney fees, finance charges, and court costs. ___ *Initials*
2. I/We understand and agree that once registered into a monthly program that my child's spot will **NOT** be surrendered unless I/we submit a **WRITTEN WITHDRAWAL NOTIFICATION FORM** to Turle's American Gymnastics and Trampoline Academy, Inc. ***by the 15th of the month PRIOR to withdrawal.*** If I/we do not submit above mentioned Withdrawal Notification by the 15th of the month prior to withdrawal I agree to pay full tuition and any additional late fees for my/our child's class spot until class withdrawal form been submitted. ___ *Initials*
3. I/We understand and agree that all classes are paid for on a monthly basis and that **NO REFUNDS** are given for any reason. Credit may be applied to my/our account in the case of illness/injury when verified by a doctor's certificate. ___ *Initials*
4. I/We understand and agree in order to receive the \$5 off/child/month discount I am committing to a 9 or 10-month contract. I understand that I may not withdrawal prior to June regardless of my attendance Autocharge discount is only available for Students who sign up in September or October. ___ *Initials*

I/We have read the above waiver and release, and understand that I/we give up substantial right by signing it without inducement.

Parent/Guardian Signature

Date Signed

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

In consideration of participating in instruction at Turle's American Gymnastics and Trampoline Academy Inc., 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 an 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 "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at his 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 Turle's American Gymnastics and Trampoline Academy Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertiser, and, if applicable, owners and lessors of the 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 risks 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 many incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AN INDEMNITY AGREEMENT, and 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 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

Signature of participant

PARENTAL CONSENT

AND 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 while 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 "Releasees" may incur as a result of any such claim.

Printed Name or Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian