

Turle's Gymnastics Registration Form

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330 - 405 - 0777

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fax:330 - 405 - 0771

Student Information:

Student's Name _____ Sex _____ D.O.B. _____ Age _____
Home Address _____ City _____ Zip _____
Home Phone _____ Daytime Email _____
Student has primary residence with _____ (please list name if not parents below)

Parent/Guardian Information:

Father's Name _____ Social Security# _____ OR Driver's License # _____
Place of Employment _____ Occupation _____
Work Number _____ Cell Phone Number _____
Mother's Name _____ Social Security# _____ OR Driver's License # _____
Place of Employment _____ Occupation _____
Work Number _____ Cell Phone Number _____

EMERGENCY INFORMATION:

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 authorization to contact my/our transport my/our child to a nearby medical facility for treatment by medical personnel after reasonable effort to contact me/us.

Parent Signature: _____ Date _____

Registration Information:

Person Responsible For Billing: _____ Relationship _____

CLASS REGISTRATION

1st Class Choice _____ Day _____ Time _____
2nd Class Choice _____ Day _____ Time _____

Family Registration Fee: (Non-Refundable) \$45

Class Fees \$ _____

Total Fees Due \$ _____
NO REFUNDS

Monthly Tuition Pricing			
30-45min	\$50	6hr.	\$220
1hr.	\$70	7hr.	\$235
2hr.	\$125	8hr.	\$260
3hr.	\$145	9hr.	\$275
4hr	\$175	10hr	\$300
5hr.	\$185	11 - 12hr.	\$335

Payments made after the 8th of the month will be assessed a **\$10 LATE FEE**

Early Payment of \$5 off/child/month available for CONTRACT AUTOCHARGE ONLY.

Payment Options: (initial selected option below)

_____ I will make my payments monthly to the main office by the 1st and am aware of the \$10 late fee policy.

_____ I have completed the CONTRACT AUTOCHARGE OPTION and will receive \$5 off/child/month.

_____ I have completed the NON-CONTRACT AUTOCHARGE OPTION and am aware of the \$10 late fee policy.

Turle's Gymnastics Class Enrollment and Payment Policies

1. I/We understand and agree that tuition is due on a monthly basis to be paid on the 1st of every month. Any tuition paid after the 8th of the month will incur a \$10 LATE FEE and that payment will be due regardless of my child's attendance in class. I/we also agree to pay any and all fees if account exceeds 90 days past due including but not limited to attorney fees, finance charges and court fees. _____ 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 until class withdrawal from has been submitted _____ initials

3. I/We Understand and agree that all classes are paid for on monthly basis and 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 note _____ initials

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

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; _____ initials
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.

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 _____ initials
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

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

**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, 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 future 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 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 "Releasees" may incur as a result of any such claim.

Printed Name or Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

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