



For office use only

Trial Class and Time: _____

Entered in Computer: _____

Follow up Email: _____

Follow Up Call: _____

Pacific West Gymnastics Registration, Waiver and Release of Liability

PARENT(S) INFORMATION

Parent Last Name: _____ Parent First Name(s): _____

Home Address: _____, _____, _____
Street City Zip Code

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Email Address: _____

STUDENT INFORMATION

First Child's Last Name: _____ Child's First Name: _____

Birthdate: _____ Age: _____ Any Special Needs: _____

Second Child's Last Name _____ Child's First Name: _____

Birthdate: _____ Age: _____ Any Special Needs: _____

Third Child's Last Name: _____ Child's First Name: _____

Birthdate: _____ Age: _____ Any Special Needs: _____

EMERGENCY/MEDICAL INFORMATION

Emergency Contact (Other than parents): _____

Phone Number: (____) _____ Relationship: _____

Doctor's Name: _____ Medical Insurance Company: _____ Policy #: _____

Are there any medical conditions, previous injuries, or allergies that our staff should be aware of? _____

AUTOMATIC PAYMENT INFORMATION

Pacific West requires prepayment of Tuition and Fees through our AutoPay Program. Charges to your credit card will be processed on the 1st of the month, for that month. Charges will continue until you have notified Pacific West in writing that you wish to cancel your enrollment. You may avoid your credit card being charged by paying prior to the 1st of the month.

Credit Card Number: _____ Expiration Date: _____

Card Type: _____ Authorized Signature: _____
Visa/MC/Disc/AX

HOW DID YOU HEAR ABOUT US?

___ Referral - We give a \$10 Thank You credit for all referrals! (Name) _____

___ Phone Book ___ Birthday Party Guest ___ Demonstration/Local Event ___ Word of Mouth ___ Website ___ Change Gyms

___ Returning (Welcome Back!) ___ Other _____

Please turn over, read and sign the back

Pacific West Gymnastics Policies, Procedures, Acknowledgement of Risk and Waiver of Liability

By signing below, I acknowledge reading, understanding, and accepting the statements below.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER

As parent or legal guardian, I give my consent for my child to participate in the programs at Pacific West Gymnastics. I understand that participation in gymnastics, trampoline/tumbling, cheerleading, martial arts, dance, kids night out, camp, open gym, birthday parties, special events and related activities always involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. These injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis or even death. I am fully aware of the risks and possibility of injury.

As parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payments of any and all medical expenses incurred as a result of training, performing or participating in activities at Pacific West Gymnastics.

I understand it is this gym's express intent to provide for the safety and protection of my child, and in consideration for allowing the named minor child (or adult if over 18) to participate in activities with Pacific West Gymnastics, the Pacific West Gymnastics Parent Club (FLIPs), and any of their employees, instructors, coaches, or agents, for any injuries suffered by my child and other damages suffered by my child or myself while on the premises or under the supervision or control of Pacific West Gymnastics and its employees. It is also my intent to release Pacific West Gymnastics and its employees from liability for future negligent conduct.

AUTHORIZATION OF MEDICAL CARE

In the event of a medical emergency, I authorize Pacific West Gymnastics to seek medical treatment if the Emergency Contact or I cannot be reached.

PARENT RESPONSIBILITY TO SUPERVISE

I understand I am responsible for my child's behavior and safety while on the Pacific West Gymnastics premises, including, but not limited to, parking lots, bathrooms, waiting areas, play equipment, etc. I understand that the only people allowed in the gym area are students during designated class times, and with their instructors only. I understand that at no time are parents or siblings allowed in the main gym or preschool areas. If I arrive late for class, or take my child out of class early, I know that either an Instructor or Office Staff will accompany my child. When I visit Pacific West Gymnastics I understand and accept the responsibility, and any associated liability, of constantly supervising, controlling, and restricting activities as necessary to assure safety of myself and any children I bring.

PHOTOGRAPHY AND STATEMENTS

I authorize use of my own and my child's visual image, and verbal or written statements in newsletters, posters, websites, and all other advertising.

PAYMENT POLICIES AND ENROLLMENT PROCEDURES

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Signing this form acknowledges that I am aware that once enrolled, my child automatically continues enrollment, unless I change classes or give proper notification to the Office. I am responsible for any fees accrued up to the date of notification, regardless of attendance.

I understand that tuition fees are not refundable, unless it is within the first 30 days after initial enrollment.

MAKE-UP CLASSES

I realize that no credit is ever given for missed classes. Make-up classes are available as space permits, and must be scheduled while I am actively enrolled in classes. When a make-up class is scheduled, I understand that it is considered complete, and cannot be rescheduled regardless of attendance, since a spot is being held for my child.

This acknowledgement of risk, waiver of liability, policies, and procedures has been read by me, understood completely, and signed voluntarily. I am 18 years of age or older.

X: _____ Date: _____