

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation \_\_\_\_\_ How did you find out about our program \_\_\_\_\_

Email address \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#1 – in case of

Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 – in case of

Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

#### Child #1

Name \_\_\_\_\_ sex: M F age: \_\_\_\_\_ birth date \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ dismissal time \_\_\_\_\_

Reg Fee

Pay Date: \_\_\_\_\_ Level: \_\_\_\_\_ Time \_\_\_\_\_ Day(s): M T W TH F

2<sup>nd</sup> class: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ Day(s): M T W TH F

Note:

#### Child #2

Name \_\_\_\_\_ sex: M F age: \_\_\_\_\_ birth date \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ dismissal time \_\_\_\_\_

Reg Fee

Pay Date: \_\_\_\_\_ Level: \_\_\_\_\_ Time \_\_\_\_\_ Day(s): M T W TH F

2<sup>nd</sup> class: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ Day(s): M T W TH F

Note:

#### Child #3

Name \_\_\_\_\_ sex: M F age: \_\_\_\_\_ birth date \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ dismissal time \_\_\_\_\_

Reg Fee

Pay Date: \_\_\_\_\_ Level: \_\_\_\_\_ Time \_\_\_\_\_ Day(s): M T W TH F

2<sup>nd</sup> class: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ Day(s): M T W TH F

Note:

Please turn over and complete other side→

Policies:

- There is an annual registration fee of \$25 per student. Siblings will receive a 10% discount on registration and classes.
- Fees are based on a 4-week session.
- Fees are due on the first class of each session. There will be a \$5 late fee if fees are not paid on the first week of the session.
- If fees are not paid by the second week of the session your child (children) will not be allowed to participate.
- There is a \$10 test fee for all tests done outside of class.
- Discounts do not apply to team members.
- There will be no refunds or make-ups.
- There will be a \$25 charge on all returned checks.
- Once enrolled, it is assumed that you will continue from session to session. To drop a class - call before the start of a 4-week session. If you drop in the middle of a 4- week session, you will still be liable for payment.

We reserve the right to cancel, reschedule, or combine classes if minimum enrollment counts are not met.

**General Release**

**Acknowledgement of Risk and Waiver of Liability**

I am the parent or legal guardian of (child's name): \_\_\_\_\_.

I hereby consent to the above named person participating in the programs offered by Black Canyon Gymnastics, L.L.C. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics, dance, karate, birthday parties, swimming and diving. **I UNDERSTAND AND ACCEPT THAT RISK.** I also realize that my child will be performing and training on flooring and apparatus specific to each sport. For gymnastics all Olympic events plus various other training devices including trampolines will be used.

I further understand that while payment of tuition and registration fees constitutes a part of the consideration due to Black Canyon Gymnastics, L.L.C. for allowing my child to use the facilities and equipment at Black Canyon Gymnastics, L.L.C., an additional and important part of the consideration due to Black Canyon Gymnastics, L.L.C. is this signed release form.

Therefore, in consideration for allowing my child to use the Black Canyon Gymnastics, L.L.C.'s equipment and facilities, I hereby forever release Black Canyon Gymnastics L.L.C., it's owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries. Further, for the child, and myself, I acknowledge and assume all attendant risk and hold harmless Black Canyon Gymnastics, L.L.C., its agents and employees.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect and insure for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while at, for, or under the direction of Black Canyon gymnastics, L.L.C.

**This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_