

Enrollment Form

August - July

2011 - 2012

THE GYMNASTICS PLACE

Registration Form on file _____

SCHOOL _____

Student Name

Sex

Age

Birthdate

Home Phone

Programs (circle one)

Mom & Tots

Busy Body (age 2 - 4)

Lunch Bunch

Gymnastics (ages 5 & up)

Monkey Business (MDO)

Boot Camp

Tumb/Tramp

Cheerleading

Tumbling

Kid's Club

Hip Hop

Privates

Kid Fit

Martial Arts

Home School / Day Care

Day(s) (circle one)

M T W TH F S MW TTH MWF MTWTHF

TIME _____

\$40 (one child)

\$20 (each additional child max \$60.00 per family)

and first months tuition

(due at time of enrollment by students re-enrolling and by those enrolling for the first time. It must be paid before assignment of classes can be made. This non-refundable fee cannot be applied to payment of tuition).

"I hereby enroll the above child(ren) at The Gymnastics Place Dallas. If I should decide to withdraw my child(ren) before the end of the The Gymnastics Place's calendar year in which I am enrolling, **I WILL GIVE A WRITTEN NOTICE TWO WEEKS BEFORE THE PROPOSED DROP DATE.** I understand that neither verbal drop notice nor lack of attendance provides sufficient notice of intent to drop classes. I understand that tuition fees will continue to be assessed for two weeks after the drop notice is received by The Gymnastics Place's offices, and I agree to pay current fees through and including the two-week period after The Gymnastics Place acknowledges receipt of my written drop notice. I understand that no member of The Gymnastics Place's staff may waive the written drop notice requirement. I agree to adhere to all terms described in this registration form. I hereby release The Gymnastics Place, its agents and instructors, from any and all claims resulting from injury or damage that may be sustained by my child or myself while participating in any of the gymnastics sessions. I have also read the section entitled 'Safety information' on the back of this registration form, and I clearly understand the inherent risks involved with gymnastics." I also understand that any and all refunds will be handled on a case by case basis and may be subject to drop fees or forfeit of remaining balance.

Initial

Drop policy verbally explained

Initial

Make-up policy verbally explained

Initial

Proper attire verbally explained

Initial

Fee schedule verbally explained

Initial

Safety

Date _____ Parent's Signature _____

Date _____ Brkdn _____ Ck# _____

GYMNASTICS PLACE FALL 2011 - SPRING 2012 REGISTRATION FORM

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|--------------------------------|------------|-------------|------------|
| Student's Name | Sex | Age | Birthday |
| Street Address | City | Zip | Home Phone |
| Mother's Name | Work Phone | Cell | |
| Father's Name | Work Phone | Cell | |
| Emergency Contact/Relationship | Phone | Mom's Email | |
| Additional Children: | | | |
| Name(s) | Sex | Age | Birthdate |
| | | | |
| | | | |

SAFETY INFORMATION: The Gymnastics Place Dallas wants each of its patrons to be aware that we follow the guidelines set forth by USA Gymnastics, which is the governing body for gymnastics in the United States. In keeping with the ideas set forth by USA Gymnastics, we realize that it is our responsibility to make you aware of the risks involved and to inform you of the importance of following the instructors' direction regarding techniques, training, and all other rules of the facility. By signing this form, you (the parent and the gymnast) assume all risks associated with the sport of gymnastics and you agree to hold The Gymnastics Place Dallas, it's employees or agents harmless from any and all liability, causes of actions, debt claims, or demands of any nature whatsoever which may arise in connection with your participation in any activities related to or hosted by The Gymnastics Place Dallas. As the parent or legal guardian of the student(s) whose name(s) appear on this registration form, your signature on the form indicates that you have read and understand the warnings. The The terms herein serve as a release.

In order to further inform you of the physical risks inherent with gymnastics, the following statement is quoted directly from the USA Gymnastics Safety Manuel, second edition: "By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk can not be eliminated. Reduced yes, but never eliminated. The risk of injury includes broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head."

I hereby enroll my child(ren) listed on the front of this card at The Gymnastics Place Dallas. If I should decide to withdraw my child(ren) before the end of the session in which I am enrolling, **I WILL GIVE WRITTEN NOTICE TWO WEEKS BEFORE THE PROPOSED DATE.** I understand that neither verbal drop notice or lack of attendance provides sufficient notice of intent to drop classes. I understand that tuition fees will continue to be assessed for two weeks after the drop notice is received by The Gymnastics Place Dallas' office, and I agree to pay current fees through and including the two week period after The Gymnastics Place Dallas acknowledges receipt of my written drop notice. I understand that no member of The Gymnastics Place Dallas' staff may waive the written notice requirement. I also understand that any and all refunds will be handled on a case-by-case basis and may be subject to drop fees or forfeit of remaining balance. I agree to adhere to all terms described in this registration form. I hereby release The Gymnastics Place Dallas, its agents and instructors, from any and all claims resulting from injury or damage that may be sustained to my child(ren) or myself while participating in any of the programs offered. I have also read the section entitled "Safety Information" on the top of this form, and I clearly understand the inherent risk involved with the program(s) that my child(ren) and/or myself are involved in.

| | |
|------------------|------|
| PARENT SIGNATURE | DATE |
|------------------|------|