

Gymnastics Academy of Boston - Cambridge

2010-2011 Registration Form & Liability Waiver

128 Smith Place, Cambridge, MA 02138 (617) 441-9700



Child's Name: _____ Age: _____ M ___ F ___
 Birth date: ____/____/____ Grade: _____ Telephone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent 1: _____ Work/Cell: _____ E-mail: _____
 Parent 2: _____ Work/Cell: _____ E-mail: _____
 Emergency Contact: _____ Relation: _____ Phone: (____)____-____
 Physician's Name: _____ Phone: (____)____-____
 Any intolerance to medications? Y:___N:___ Any medications taken regularly? Y:___ N:___
 Does your child have any neurological, sensory, physical, or behavioral issues? Y:___ N:___
 If YES, please explain: _____
 Any health conditions that may affect your child's activity? _____
 How did you hear about us? _____

What class would you like to sign up for?

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

Please initial next to each line to indicate your understanding and acceptance of the following policies:

- _____ **MEMBERSHIP FEE:** There is a \$40 non-refundable annual membership fee per child, or \$50 per family.
- _____ **LATE PAYMENT FEE:** Payment is due in full by the first day of class. There will be a \$20 late applied after the first class of the payment period. To avoid a late fee you may enroll in Auto Pay (see below).
- _____ **REFUND POLICY:** We offer a no-commitment free trial class before enrollment. After the child's first class you have one week to un-enroll with a refund. No refunds will be given after this deadline. No refunds are given for missed, dropped classes or instructor replacement.
- _____ **MAKE-UP POLICY:** Students are entitled to four (4) make-up classes within a semester. Make-up classes must be scheduled at least one week in advance.
- _____ **ENROLLMENT POLICY:** Once your child has been enrolled, their enrollment will carry over to the next semester within a school year, unless you notify us if your child needs to withdraw from our program in writing, one month prior to the start of the next semester. If you do not notify us, your child will be automatically reenrolled, your credit card billed and you will receive a \$5 credit. All current and new students need to re-register for the fall session.

SIBLING DISCOUNT: A 15% discount will be applied toward the lesser tuition of siblings.

AUTO PAY DISCOUNT: By enrolling in Auto Pay your tuition for session two will automatically be charged to your credit card. You will also receive a \$5 credit for using Auto Pay. This automatic payment will carry over semesters within a school year, and you will avoid any possibility of being charged a late fee.

Yes, I would like to enroll in Auto Pay, and have my child's tuition automatically be charged to my credit card.

Signature _____ Credit Card _____ Exp. Date _____

(form continues on reverse)

OFFICE USE ONLY

1 st Semester 9/7-2/24		2 nd Semester 2/25-6/13	
Date Registered: _____	Class: _____ Trial: <input type="checkbox"/>	Date Registered: _____	Class: _____ Trial: <input type="checkbox"/>
Level _____ Day _____ Time _____	Level _____ Day _____ Time _____	Level _____ Day _____ Time _____	Level _____ Day _____ Time _____
Amount: \$ _____ Method: Cash <input type="checkbox"/> CK# _____	Amount: \$ _____ Method: Cash <input type="checkbox"/> CK# _____	Amount: \$ _____ Method: Cash <input type="checkbox"/> CK# _____	Amount: \$ _____ Method: Cash <input type="checkbox"/> CK# _____
CC#: _____	CC#: _____	CC#: _____	CC#: _____
EXP: _____ MC <input type="checkbox"/> VS <input type="checkbox"/>	EXP: _____ MC <input type="checkbox"/> VS <input type="checkbox"/>	EXP: _____ MC <input type="checkbox"/> VS <input type="checkbox"/>	EXP: _____ MC <input type="checkbox"/> VS <input type="checkbox"/>

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Child's Name: _____

Parent's Name: _____

BY SIGNING BELOW, I acknowledge reading, understanding, and accepting the statements herein.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER - I understand gymnastics and other sports activities involve risk and possible injury, including but not limited to paralysis, death, emotional distress, or damage to myself, to property, or to third parties.

I understand that it is my responsibility as a parent not to participate or allow participation if there are any physical, emotional, and behavioral or other problems that might compromise safe involvement. I understand that Gymnastic Academy of Cambridge, Inc. does not carry medical insurance for participants and forever release the corporation, staff, owners, facility, and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or at a related activity. I expressly agree and promise to accept and assume all of the risks existing in this activity as outlined above.

My participation or my child's participation in this activity is purely voluntary, no person(s) are forcing me or my child to participate and I elect of my own volition to participate or have my child participate with full knowledge of the inherent risks involved. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Gymnastic Academy of Cambridge, Inc. from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation or my child's participation in this activity, including those allegedly attributable to the negligent acts or omissions of Gymnastics Academy of Cambridge, Inc. or their staff.

Should Gymnastics Academy of Cambridge, Inc., or anyone acting on their behalf, be required for any reason to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse Gymnastics Academy of Cambridge, Inc. for such fees and costs.

I understand that injuries can and do occur and that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover any bodily injury or property damage I or my child may cause or suffer while participating in the sport of gymnastics or any other activities in or related to Gymnastics Academy of Cambridge, Inc., or else I agree to indemnify and reimburse Gymnastics Academy of Cambridge, Inc. for such fees and costs as incurred.

AUTHORIZATION OF MEDICAL CARE - In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

PARENT RESPONSIBILITY TO SUPERVISE - When I visit Gymnastics Academy of Cambridge, Inc., or am involved in any related activity involving parental presence or participation, I understand and accept the responsibility, and any associated liability, of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring and myself.

PHOTOGRAPHS AND STATEMENTS - I authorize use of my own and my child's visual image and statements in newsletters, posters, and other advertising.

VALID DATES - These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with Gymnastics Academy of Cambridge, Inc.

AGREEMENT TO PAY - I understand there are no refunds, credits, or guaranteed make-ups for missed classes due to personal reasons or inclement weather, and I am obligated to pay full tuition once a session begins. I accept the responsibility of paying for any damage to facility and equipment caused by myself or a family member.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Gymnastics Academy of Cambridge, Inc. on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Parent Signature: _____ Date: _____