



# Gymnastic Academy of Boston- Cambridge

## 2017-2018 Registration Form and Liability Waiver

128 Smith Place, Cambridge Ma 02138

Telephone: 617-441-9700 Fax: 617-441-9799

<https://gymnasticsacademyofboston.com/cambridge/>

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

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

Parent 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**E-mail (REQUIRED):** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any neurological, sensory, physical, or behavioral issues? Y: \_\_\_\_\_ N: \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

Intolerance to Medications? Y: \_\_\_\_\_ N: \_\_\_\_\_ Any Medications taken regularly? Y: \_\_\_\_\_ N: \_\_\_\_\_

Any health conditions that may affect your child's activity? \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

What class would you like to sign up for?

**1<sup>st</sup> choice (Class)** \_\_\_\_\_ **(Day)** \_\_\_\_\_ **(Time)** \_\_\_\_\_

**2<sup>nd</sup> choice (Class)** \_\_\_\_\_ **(Day)** \_\_\_\_\_ **(Time)** \_\_\_\_\_

**Auto Payment Discount:** By enrolling in the auto payment discount you will receive a \$5 discount on your tuition second semester. The credit card on file will automatically be charged for semester 2 on **February 1, 2018** unless a withdrawal form is received by **January 15, 2018**. Yes, I would like to enroll in the auto payment discount program. My child's tuition for semester 2 will automatically be charged to my credit card on file.

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

VISA/MC/DIS/AMEX

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Semester 1: 09-07-2017 / 01-28-2018**

Notes:

Date Registered: \_\_\_\_\_ Week: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Amount due : \_\_\_\_\_

**Payment options:**  Check No. \_\_\_\_\_

VISA/MC/DIS/AMEX CC #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Paid in full  Bi-Semester- 2 payments (Covers 10 weeks)

Amount paid: \_\_\_\_\_ Balance due: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Semester 2: 02-01-2018 / 06-30-2018**

Notes:

Date Registered: \_\_\_\_\_ Week: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Amount due : \_\_\_\_\_

**Payment options:**  Check No. \_\_\_\_\_

VISA/MC/DIS/AMEX CC #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Paid in full  Bi-Semester- 2 payments (Covers 10 weeks)

Amount paid: \_\_\_\_\_ Balance due: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDIA RELEASE**

I hereby give my permission, Gymnastics Academy of Boston- Cambridge to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements for educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that the aforementioned institutions consider appropriate for release to magazines, newspapers, the World Wide Web sites of these institutions, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of these institutions and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release these institutions from all liability with respect to the matters covered by this release.

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Child's Name

Signature of Parent or Guardian

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**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/\$50 per family.

**Class Payment:** By making your payment, you agree to the terms and conditions of our policy understanding that there are NO REFUNDS.

**Bi-Semester Payment Plan Policy:** Payment is due the first day of class. If I am choosing the two installment payment plan, I understand payment will be due November 8th, 2017 and March 26th, 2018

**Returned Check Policy:** A \$20 fee will be applied to your account for all returned checks.

**Medical/Injury Policy:** I understand if my child is unable to attend regularly scheduled classes due to a medical issue or illness I need to provide a doctor's note in order to receive an excused absence gym credit.

**NO REFUND Policy:** If you are not sure if your child will like gymnastics, PLEASE register for a trial class before registering for the semester. No refunds are given for any missed, disliked and/or dropped classes and/or instructor replacements.

**Trial Class Policy:** I understand that I am entitled to 3 trial classes at the cost of the daily class rate.

**Make- up Policy:** Students are entitled to **FOUR** make-up classes within a semester. Make-up classes must be scheduled at least one week in advance and **after** the missed class.

**Sibling Discount:** A 15% discount will be applied towards the lesser tuition of siblings.

**Enrollment Policy:** To reserve a spot in second semester you must enroll in auto pay, or pay in full by January 2<sup>nd</sup>.

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**Please Read Carefully – This affects your legal rights**

In exchange for participation in the activity of gymnastics organized by Gymnastic Academy of Boston-Cambridge ("GAB-Cambridge"), of 128 Smith Place, Cambridge, Massachusetts, 02138 and/or use of the property, facilities and services of GAB-Cambridge, I agree for myself and (if applicable) the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by GAB-Cambridge, or the employees, representatives or agents of GAB-Cambridge.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) the member of my family, and further release and discharge GAB-Cambridge for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of GAB-Cambridge, whether caused by the fault of myself, my family, GAB-Cambridge or other third parties.
3. I agree to indemnify GAB-Cambridge against all claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of GAB-Cambridge.
4. I agree to pay for all damages to the facilities of GAB-Cambridge caused by my or my family's negligent, reckless, willful actions.
5. Any legal equitable claim that may arise from participation in the above should be resolved under Massachusetts Law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS**

Child's Name: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_