

Gymnastic Academy of Boston- Cambridge

2018-2019 Registration Form and Liability Waiver

128 Smith Place, Cambridge MA 02138

Telephone: 617-441-9700 E-Mail: gabc.gymnastics@gmail.com

<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 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?

1st choice (Class) _____ **(Day)** _____ **(Time)** _____

2nd choice (Class) _____ **(Day)** _____ **(Time)** _____

Semester 1: 09-05-2018 / 01-29-2019

Notes:

Date Registered: _____ Week: _____

Class: _____ Day: _____ Time: _____

Amount due : _____

Payment options: Check No. _____

VISA/MC/DIS CC #: _____ Exp Date: _____

Amount paid: _____ Balance due (if bi-semester): _____ Date: ____/____/____

Semester 2: 01-30-2019 / 06-18-2019

Notes:

Date Registered: _____ Week: _____

Class: _____ Day: _____ Time: _____

Amount due : _____

Payment options: Check No. _____

VISA/MC/DIS CC #: _____ Exp Date: _____

Amount paid: _____ Balance due (if bi-semester): _____ Date: ____/____/____

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

- _____ **Membership Fee:** \$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. Two installment payment plan 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:** With any uncertainty, 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. You **MUST** attempt to schedule a make-up in order to receive a credit.
- _____ **Credit Policy:** In order to receive a full credit for a missed class you must inform us via a detailed EMAIL with an explanation if your child will be missing a class, and make an attempt to schedule *and* attend a make-up class.
- _____ **Sibling Discount:** A 15% discount will be applied towards the lesser tuition of siblings.
- _____ **Second Semester Enrollment Policy:** To reserve a spot please make a deposit payment by January 2nd,2019.
- _____ **Show Attire:** A purchase of a show leotard or t-shirt are required in order to perform in the spring show-off performance
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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, Inc, or the employees, representatives or agents of GAB Cambridge, Inc.
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, Inc for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of GAB Cambridge, Inc whether caused by the fault of myself, my family, GAB Cambridge, Inc or other third parties.
3. I agree to indemnify GAB Cambridge, Inc 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, Inc.
4. I agree to pay for all damages to the facilities of GAB Cambridge, Inc. caused by my or my family's negligent, reckless, willful actions.
5. Any legal equitable claim arising 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

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

Child's Name: _____ Parent/Guardian Signature _____

Date: _____