



Registration Form

In10sity Gymnastics Academy | In10sitygymnastics@gmail.com

Student	Students Name _____ Sex _____ D.O.B _____ Age _____	
	Home Address _____ City _____ Zip _____	
	Phone Number _____ Email Address _____	
	Class Day/Time: _____	
Parent/Guardian	Father's Name _____	
	Place of employment _____ Occupation _____	
	Cell Phone Number _____ Email Address _____	
	Mother's Name _____	
Parent/Guardian	Place of employment _____ Occupation _____	
	Cell Phone Number _____ Email Address _____	
Emergency Information	1. Emergency Contact _____	
	Relationship _____ Phone _____	
	2. Emergency Contact _____	
	Relationship _____ Phone _____	
	Please list any medical conditions and/or allergies we should be aware of:	

Emergency Information	Is your child currently enrolled for Medicaid? ☐ Yes ☐ No	
	Child's Doctor _____ Phone _____	
	I/we hereby give my/our authorizations to contact my/our child's doctor and/or transport my/our child to a nearby medical facility for treatment by medical personnel after reasonable effort to contact me/us.	
	Guardian Signature _____ Date _____	
Payment	AUTOCHARGE	
	<i>To have your monthly tuition charged to your credit card each month, please fill out the following information.</i>	
	Monthly tuition will be run on the 15 th of the month prior.	
	Card Type _____ Card Number _____ Expiration _____	
	Automatic Charge Amount \$ _____ CVC _____	
	I/we _____ hereby agree to pay \$ _____ per month.	
Payment	I/we do understand and agree to pay the monthly tuition regardless of my child's attendance until a written withdraw notice is submitted to In10sity Gymnastics.	
	Signature _____ Date _____	

In10sity Gymnastics Rules & Policies

In consideration of membership as a student athlete at In10sity Gymnastics, the parents and/or legal guardian are aware of and agree to the following:

Please initial next to each statement that you have read, understand, and agree.

MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT WITH ACKNOWLEDGEMENT OF RISK

1. The participant will be instructed in and shall carefully follow all gymnastics safety guidelines and rules as posted, as instructed, and as demonstrated by In10sity Gymnastics Academy. _____ **Initials**
2. I/We realize that *“by the very nature of the activity, gymnastics carries a risk of physical injury. No matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risks include minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks also include catastrophic injuries such as **PERMANENT PARALYSIS OR EVEN DEATH FROM LANDINGS OR FALLS ON THE BACK, NECK, OR HEAD.**”* (USA Gymnastics Safety Manual, 1994 Edition). _____ **Initials**
3. I/We hereby accept and assume such risks and responsibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused in whole or in part by the negligence of the “Releasees” named below, for each and every event or activity sponsored or organized by them. _____ **Initials**
4. The “Releasees” are: In10sity Gymnastics Academy; Event hosts; Other participants; Coaches; Instructors; Officials; Sponsors; Advertisers; Owners; Lessees of the premises; All of the above respective heirs, assignees and executors used to conduct the activity. _____ **Initials**
5. I/We also affirm that I/we now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my/our child’s protection and my own protection. _____ **Initials**
6. I/We give permission for In10sity Gymnastics Academy to publish gymnastics class pictures and videos of my child on the company website, brochure, newsletters, newspapers, or local cable and television stations without any right to compensation. _____ **Initials**

Class Enrolment & Payment Policies

1. I/We understand and agree that tuition is due on a monthly basis. I/We agree any tuition paid after the 15th of the month will incur a \$30 late charge and that payment will be due regardless of my child’s attendance. I/We also agree to pay any and all collection fees if account exceeds 90 days past due, including but not limited to attorney fees, finance charges, and court costs. _____ **Initials**
2. I/We understand and agree that once registered into a monthly program that my child’s spot will **NOT** be surrendered unless I/we submit a **WRITTEN WITHDRAWAL NOTIFICATION FORM** to In10sity Gymnastics Academy **by the 15th of the month PRIOR to withdrawal.** If I/we do not submit above mentioned withdrawal notification by the 15th of the month prior to withdrawal I agree to pay full tuition and any additional late fees for my/ our child’s class spot until class withdrawal form has been submitted. _____ **Initials**
3. I/we understand that there is a minimum of a 90-day commitment when registering for class at In10sity Gymnastics. _____ **Initials**
4. I/We understand and agree that all classes are paid for on a monthly basis and that **NO REFUNDS** are given for any reason. Credit may be applied to my/our account in the case of illness/injury when verified by a doctor’s certificate _____ **Initials**

I/We have read the above waiver and release and understand that I/we give up substantial right by signing it without inducement.

Parent/Guardian Signature _____ **Date** _____

Release & Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of participating in instruction at In10sity Gymnastics Academy, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such an activity. I acknowledge that if I believe conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue In10sity Gymnastics Academy, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "Releasees", I will indemnify, save, and hold harmless each of the "Releasees" from and loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest allowed by law and agree that if any portion of this agreement is held to be invalid the balance, not withstanding, shall continue in full force and effect.

Printed Name of Participant _____ Date _____

Signature of Participant _____ Date _____

Parental Consent

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the "Releasees" from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the above "Releasees" I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the "Releasees" from any litigation expenses, attorney fees, loss liability, damage, or cost any "Releasee" may incur as a result of any such claim.

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____