

~Thomas Gymnastics Training Center Inc.~

REGISTRATION FORM

GYMNAST'S NAME _____ BIRTHDATE _____

CLASS _____ DAY _____ TIME _____

2ND CHILDS NAME _____ BIRTHDATE _____

SECOND CHILD CLASS _____ DAY _____ TIME _____

PARENTS' FIRST AND LAST NAMES _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ PARENT'S WORK (____) _____ CELL PHONE (____) _____

FAX NUMBER (____) _____ EMAIL ADDRESS _____

ANY PHYSICAL PROBLEMS THAT WE SHOULD BE AWARE OF:

IN CASE OF EMERGENCY, AND PARENT CAN NOT BE CONTACTED, CALL:

NAME _____ RELATION _____ PHONE (____) _____

USA GYMNASTICS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

INCONSIDERATION of membership in USA Gymnastics, and being allowed to participate in USA Gymnastics events and/or member club activities, each participant named below agrees as follows:

1. The participant is instructed that prior to participating in any USA Gymnastics event and/or member club activity and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall carefully review and follow all USA Gymnastics Safety Guidelines.
3. Fully understands and acknowledges that: (a) There are risks and dangers associated with participation in gymnastic activities and events, including but not limited to those of bodily injury, partial and/or total disability, paralysis and death; (b) The social and economic losses and/or damages, which could result from those risks and dangers could be severe; (c) These risks and dangers may be caused by the negligence of participant or the negligence of others, including but not limited to the "Release's" named above; (d) There may be other risks not known to us or are not reasonably foreseeable at this time.
4. Accepts and assumes such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of "Release's" named above.
5. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE USA Gymnastics, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event and each of them, their officers, directors, agents and employees, all of which are referred to as "Release's," from all liability to the undersigned, my/our personal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any bodily injury, including but not limited to death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Release's" or otherwise.
6. PAYMENT TERMS AND GUARANTY in registering for enrollment in Thomas Gymnastics Training Center Inc. the undersigned agrees that payment for classes, equipment and other related fees shall be made in advance and shall be considered past due if not paid by the end last day of each month. The undersigned hereby warrants and guarantees payment of all fees due Thomas Gymnastics Training Inc. and understands that should they fail to pay same they are liable for all cost associated with collection of said fees ,including a reasonable Attorney's fee.
7. It is agreed that the Waiver and Release Agreement covers each and every activity sponsored by USA Gymnastics and/or its member clubs and the "Release's" are released as to each and every activity and event.

_____ I UNDERSTAND THAT TUITION IS DUE BEFORE THE END OF EACH MONTH. IF I PAY MY ACCOUNT **ON OR AFTER** THE 1ST OF EACH MONTH I WILL HAVE A \$20 TUITION INCREASE ADDED TO MY ACCOUNT.

_____ I UNDERSTAND THAT A 30 DAY WRITTEN NOTICE IS REQUIRED TO WITHDRAW FROM THE PROGRAM. FAILURE TO PROVIDE A 30 DAY WRITTEN NOTICE WILL RESULT IN MY ACCOUNT BEING BILLED FOR TUITION TO COVER THE 30 DAY NOTICE.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

PARENTS PRINTED NAME _____

PATENTS SIGNATURE _____

DATE _____

FOR INTERNAL USE.

AMOUNT OF PAYMENT RECEIVED _____ PAYMENT TYPE _____ PAYMENT DATE _____