

OFFICE USE ONLY	REGISTRATION FEE	1ST CHILD'S TUITION	2ND CHILD'S TUITION	CHECK # & AMOUNT
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Siouxland Gymnastics Academy Registration Form

Student's last name _____ Home phone (_____) _____

Email address _____ Cell phone (_____) _____

First name _____ Class code _____ Birthdate ___/___/___ Age _____ M/F

First name _____ Class code _____ Birthdate ___/___/___ Age _____ M/F

First name _____ Class code _____ Birthdate ___/___/___ Age _____ M/F

Street _____ City _____ Zip _____

Father _____ Employer/Position _____ Wk phn _____

Mother _____ Employer/Position _____ Wk phn _____

Emergency (other than parents) _____ Relationship _____ Phn _____

Medical considerations: _____ How did you hear about us? _____

In consideration of my membership in Siouxland Gymnastics Academy, and my participation in Siouxland Gymnastics (SGA) classes, events, competitions and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Siouxland Gymnastics Academy.
2. Readiness to Participate: I will only participate in the SGA classes, events, competitions and activities for which I believe that I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to SGA to provide, through a medical staff of its choice, customary medical attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that SGA, and the sponsor of any SGA event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

I understand that my child (children) is automatically enrolled. If my child (children) discontinues participation in class, I will inform SGA in writing at least two weeks prior to the drop. Failure to notify will result in continued tuition payments. Tuition is due for the entire month in which a drop occurs and I will be charged accordingly. Initials _____

I understand that there is a non-refundable yearly registration fee. This fee is payable upon initial registration and annually thereafter. Tuition is due on or before the first day of each month. A \$5.00 late fee will be applied to any unpaid account after the first day of the month. No refunds will be given for inclement weather. Gum chewing and jewelry are prohibited in the gym. Appropriate clothing must be worn. I authorize the use of photographs taken of my children during any event or class to be used in future publications, websites or distributions.

This notification of risk and enrollment has been read thoroughly, is understood completely and has been discussed with my child. It is being signed voluntarily and I acknowledge its content and intent.

Parent's signature _____ SS # _____

Date _____