

	REGISTRATION	1ST CHILD'S TUITION	2ND CHILD'S TUITION	AMOUNT PAID \$	DATE PAID
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## Siouxland Gymnastics Academy Registration Form

Student's last name \_\_\_\_\_ Primary phone (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Secondary 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, State, Zip \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_ Wk phn \_\_\_\_\_

Father \_\_\_\_\_ Employer \_\_\_\_\_ Wk phn \_\_\_\_\_

Please list a person willing to take responsibility for your child in case of emergency when you cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referred by: \_\_\_\_\_

### Acknowledgment of Risk/Waiver of Liability

*\*Please read, sign, and bring waiver to the front desk. Children without waiver signed will not be able to participate.\**

My/Our child/children has/have no physical or health conditions that would limit his or her participation in athletic activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. I/We hereby give permission for my/our child/children to have their temperature taken before participation in activities at Siouxland Gymnastics Academy; participate in activities at Siouxland Gymnastics Academy; and to work on all of the necessary equipment. We understand Siouxland Gymnastics Academy will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/We understand Siouxland Gymnastics Academy may inform other participants of any confirmed diagnosis of COVID-19 (or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; we waive all privacy-related claims based on such disclosure(s). I/We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the Siouxland Gymnastics Academy, staff has my/our permission to use their judgment with regard to treatment until I/we can be contacted. Moreover, I/we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, I/we understand that my/our child/children will be transported to the nearest hospital OR (**preferred hospital**): \_\_\_\_\_ by the local emergency resource if rescue squad deems necessary. I/We understand that I/we will be responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parents' behalf.

*Warning.... Catastrophic injury, paralysis, or death can result from improper conduct of this activity. I/We agree and consent that participation is voluntary and at each individual's own risk. I/We acknowledge that participation entails known and unknown risks that may result in physical injury; the transmission of virus and/or disease; or other injury, loss, or death of any participant(s). I/We understand that such risks simply cannot be eliminated. I/We knowingly, voluntarily, and expressly assume the risk of, and responsibility for, injury and damages. I/We specifically agree that the employees, owners, volunteers, and other agents of Siouxland Gymnastics Academy ("the Released Parties") shall not be responsible for such injuries/damages, even if caused in whole or part by the negligence or fault of the Released Parties, whether such negligence is present at the signing of this Waiver or takes place in the future. This waiver and release do not apply to gross negligence or intentional torts by the Released Parties.*

*To the extent allowed by applicable law, I/we agree that we will waive, release, discharge, covenant not to sue, and indemnify and hold harmless (from all damages and expenses, including attorney fees) the Released Parties from any and all claims for injury and damage that the child(ren) listed on this form suffer, even if the risk(s) arise out of the negligence or fault of the Released Parties. By executing this Agreement, we agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by the child(ren) listed on this form as a result of any and all activities related to participation in activities Siouxland Gymnastics Academy.*

*By signing, I/we expressly state that we have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that we have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.*

*(Turn page over)*

### Photo Waiver/Release

Occasionally Siouxland Gymnastics Academy, will take photos for advertising or informational purposes. I/We hereby give Siouxland Gymnastics Academy, permission to use my child's/children's photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I/We understand I/We are entitled to no compensation. I/We release the photographer all forms of claims and liability related to my photo usage.

### Payment Policies

Tuition is due on the 1<sup>st</sup> day of the month. We do require an ACH form on file for monthly auto debits. Tuition is the same every month regardless of the number of weeks of class. While some months have 5 classes and we do not charge extra, we also do not pro-rate for an occasional month with only 3 classes. Tuition is not pro-rated for missed classes and no refunds will be issued for cancellations due to inclement weather.

Your child is considered enrolled until we are notified otherwise. Students enrolled during the school year will remain enrolled through the end of our May classes. Summer students are enrolled for our summer session ending in mid-August. SGA reserves space for your child until we are notified by a parent/guardian IN WRITING that you will be withdrawing. If your child wishes to discontinue classes, a parent/guardian must complete an SGA withdrawal form at the front desk. Notifications MUST BE RECEIVED by the 15<sup>th</sup> day of the month prior to the month in which the drop will occur. Failure to properly notify SGA will result in continued tuition charges for which you are responsible. Registration fees and tuition are non-refundable

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## **ACH RECURRING AUTHORIZATION**

I, \_\_\_\_\_, authorize Siouxland Gymnastics Academy to charge my bank account indicated below on the 1<sup>st</sup> day of each month for payment of SGA services and/or products. I understand that I will be responsible for tuition payments until which time I give proper written notification to the SGA office of withdrawal from the program.

Student name \_\_\_\_\_

Class code \_\_\_\_\_ Monthly tuition \_\_\_\_\_

Student name \_\_\_\_\_

Class Code \_\_\_\_\_ Monthly tuition \_\_\_\_\_

Registration \$ \_\_\_\_\_ First month's fee \$ \_\_\_\_\_ Initial total \$ \_\_\_\_\_

On-going monthly \$ \_\_\_\_\_

Account type: \_\_\_\_\_ Checking account – attach a voided check

\_\_\_\_\_ Savings account – attach a deposit slip

Name of account holder \_\_\_\_\_

Bank name \_\_\_\_\_ City location \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing with the SGA office, and I agree to notify SGA of any account changes or closures at least 15 days prior to the next billing date. If the 1<sup>st</sup> day of the month falls on a weekend or holiday, I understand that the payment will be executed on the next business day. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that SGA will assess a service charge and may at its discretion attempt to process the charge again within 120 days. There will be an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment.