

CANTON GYMNASTICS ACADEMY REGISTRATION FORM

Student Information

Student Name _____ Age _____

DOB _____ School _____ Grade _____

Class: Gymnastics ___ Cheerleading ___ Tumbling ___

1st choice- Class Day & Time _____

2nd choice- Class Day & Time _____

Parent Information

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Email Address: _____

Mailing Address _____

City _____ St. _____ Zip _____

Home Phone _____

Are there any physical or emotional limitations our instructors should consider in working with your child? _____

Are there any allergies? _____

- I understand that there is a degree of risk involved while participating in activities at Canton Gymnastics Academy, Inc. and I hereby accept the risk as normal consequences of such activity.
- All tuition is automatically debited on the first of the month. If payment is returned for any reasons see (credit/debit authorization form) there will be an additional \$25.00 fee added to your account. There is no exception to the waiving of this fee.
- The yearly registration fee in a non-refundable fee. I understand that monthly tuition is due until written notice is received in the office for my child's withdrawal from class.
- I understand that tuition is based on a 4 week month that starts at the beginning of each month. There will be no reduction in fees or pro-rations for only the classes that your child attends or for scheduled holidays. Some months contain 5 weeks, which will make up for any holiday the gym closes.
- I authorize the Canton Gymnastics Academy, Inc. staff to take whatever emergency medical measures deemed necessary for the protection of my child while in their care, including calling EMS for Transportation to a hospital.

Parent's Signature _____ Date _____

CANTON GYMNSATICS ACADEMY, INC.
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY
AGGREEMENT (“AGGREEMENT”)

In consideration of participating in gymnastics, cheerleading, tumbling, birthday party, parents night out, or open gym 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 activity. I acknowledge that if I believe the event 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 Canton Gymnastics Academy, Incorporated, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of 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 any loss, liability, damage, or cost, which any may incur as the result of such claims.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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 complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

AND I, the minor’s parents 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 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 the result of any such claim.

Printed name of participant

Date: _____

Emergency Phone Number:

Signature

Please read and initial the following policies:

_____ It is a requirement of Canton Gymnastics Academy that a credit card, debit card or checking acct. information be left on file for recurring and monthly billing. All information is kept secured through encrypted information. The monthly billing will occur on the 1st of the month for that month’s tuition. If you decide not to continue you must fill out a 30 day written withdraw notice which can be found in the office or your acct will be charge for the next month’s tuition until a 30 day written notice is received.

_____ If you need to drop a class due to medical reasons the office must receive a written letter from a licensed physician in order to receive a refund of that months tuition.

_____ Dropping a class/missing classes: **Registration fees are non-refundable.** A 30 day written notice must be received in the office in order for your credit, debit or checking account not to be debited for the following month. Forms are available in the office. You may schedule a makeup class for your child through the office once every other month. Make ups are reserved for child(ren) that have been sick or had a family emergency.

_____ There is a \$25.00 fee added to your account for any returned charges/debits, checks, regardless of the reason it was returned. If your tuition is not paid by the first of the month your child will not be allowed to participate until your account is paid in full and this does not guarantee your Childs spot will still be

available in that class. The only guarantee that your Childs spot is reserved in the class of your choice is that your tuition payment must be received on the first of the month.

Tuition is based on a 39 week season, there is no proration of tuition for missed classes (unless an injury has been sustained which a letter from a licensed physician must be received in the office. If the gym is closed due to inclement weather you will receive a makeup time for that missed class at your next class.