

LEGENDS GYMNASTICS

2018-2019 Registration Form

Parent's Information

Mother's Full Name: _____

Father's Full Name: _____

Street: _____

City: _____

State: _____

Zip: _____

Home Phone Number: _____

Mother's Cell Number: _____

Father's Cell Number: _____

Other Contact Number: _____

Relation/Name: _____

E-Mail: _____

Enroll First Child	Enroll Second Child
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Birth Date: _____ Female <input type="radio"/> Male <input type="radio"/>	Birth Date: _____ Female <input type="radio"/> Male <input type="radio"/>
Class Type - please check one: <input type="checkbox"/> KinderFun <input type="checkbox"/> Rookie <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Adv/Superior/Teen <input type="checkbox"/> Boys Jungle Gym <input type="checkbox"/> Little Legends	Class Type - please check one: <input type="checkbox"/> KinderFun <input type="checkbox"/> Rookie <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Adv/Superior/Teen <input type="checkbox"/> Boys Jungle Gym <input type="checkbox"/> Little Legends
Day: _____ Time: _____	Day: _____ Time: _____
Any medical history we may need? _____ _____	Any medical history we may need? _____ _____

(Continued on Reverse)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in GYMNASTICS I represent that I understand the nature of this Activity and that my child is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my child's 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 child's 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 the 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 child's participation in the Activity. I hereby release, discharge, and covenant not to sue Legends Gymnastics, LLC, its respective administrators, director, 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 the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my child's 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 claim. 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 a 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 parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe my child 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 will 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 of liability, damage, or cost any Releasee may incur as the result of such claim.

I also give my permission for photographs of my child to be used by Legends Gymnastics, LLC.

Printed name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

2018-19 POLICIES & PROCEDURES

Membership Fee – An annual membership fee of \$50 per child or \$100 per family (discount for rec students only – non-refundable) is due at the time of registration.

Payment Policy – Payments are due in full when registering – NO EXCEPTIONS we accept Visa/MC/Discover/AMEX/Cash/Check

Early Bird Discount – A \$15 discount applies to payments received by "early bird" deadline (August 6, November 12, February 25)

Family Discount – A \$15 discount applies to all immediate family members for a full twelve-week session only

Service Charge – A \$25 fee will be charged for any check returned due to insufficient funds

Refund Policy – Membership fee is NON-REFUNDABLE – NON-TRANSFERABLE, Tuition is 50% refunded after the second class; NO REFUND after the third class

Make-up Policy – Legends will accommodate TWO make-ups per session, ONLY if space is available. All make-ups MUST be scheduled through the office within the same session. No walk-ins.

Snow Days or Class Cancellation – Check our Facebook page, Instagram, website, or call us for cancellations due to inclement weather or power outage

Class Attire – Girls should wear a leotard, hair back, and no jewelry, no tights or socks. Boys should wear gym shorts and a t-shirt.

Scheduled closings – Legends is closed for session classes on September 1-3, November 19-24, December 23-29 & 31, January 1, February 18-23, April 15-20, and May 25-27.

I have read and understand the above policies and procedures

Signature of Parent/Legal Guardian

Date

Office Use Only

1 st Child Membership Fee	\$	2 nd Child Membership Fee	\$	TOTAL DUE:
TUITION	\$	TUITION	\$	

DATE: _____ AMOUNT PD: \$ _____ CC CK # _____ CASH