



STUDENT REGISTRATION AND CONSENT FORM

GYMNAST/S

1ST CHILD NAME: _____ D.O.B. ___/___/___ MALE / FEMALE

2ND CHILD NAME: _____ D.O.B. ___/___/___ MALE / FEMALE

3RD CHILD NAME: _____ D.O.B. ___/___/___ MALE / FEMALE

Class Day and Time requested: _____

ADDRESS: _____ **CITY/ST** _____ **ZIP** _____

HOME PHONE: _____

EMAIL: _____ (Please Print)

- By providing your email address, you are consenting to receive email updates on **class schedules, closures and changes**, news and special promotions for Peak Gymnastics & Fitness. **Please provide an email address you check ☺**

PARENT (S)/ LEGAL GUARDIAN

MOTHER: _____ WK PHONE: _____ CELL PHONE: _____

ADDRESS SAME AS ABOVE? Y / N _____

FATHER: _____ WK PHONE: _____ CELL PHONE: _____

ADDRESS SAME AS ABOVE? Y / N: _____

****EMERGENCY CONTACT:** _____ **PHONE:** _____

Does your child have any health problems, including allergies that could affect his / her participation? Explain below:

Who referred you to Peak Gymnastics & Fitness?

Drive By/Building sign Google School Flyer Falcon Shopper Magazine student _____

Other/ Please indicate: _____

ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL RELEASE

As parent/legal guardian, I hereby consent that _____ (child's name) may participate in Peak Gymnastics & Fitness programs. I recognize that injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics. I also realize that my child will be training on all gymnastics events plus various training devices including trampolines.

I understand that it is the express intent of Peak Gymnastics & Fitness to provide for the safety of my child during his or her gymnastics and fitness training. In consideration for allowing my child to use the equipment and the facilities used by Peak Gymnastics & Fitness, I release Peak Gymnastics & Fitness including all directors, instructors and employees, for all liability for any and all damages and injuries suffered by my child while under the instruction and supervision of Peak Gymnastics & Fitness. I understand that the instruction and supervision lasts for the duration of the class period for which I have paid tuition.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Printed Name: _____

(Please complete reverse side)

MEDICAL INSURANCE AND CONSENT FOR TREATMENT

I, _____ (parent/legal guardian) for _____ (student), consent and authorize Peak Gymnastics & Fitness and its staff including but not limited to directors, instructors and office personnel, to initiate medical treatment in the case of an emergency at any authorized event my child is participating in or attending. I further understand that every effort will be made to contact me. I will not hold Peak Gymnastics & Fitness legally or financially responsible for any claims arising from consent and medical treatment for my child. This authorization shall remain in effect until written notice is given to Peak Gymnastics & Fitness revoking such authorization.

Signature of parent/legal guardian: _____ Date: _____

Physicians Name: _____ Phone Number: _____

Medical Insurance Company: _____ - Policy #: _____

Insurance Company Phone Number: _____ Hospital Preference: _____

PHOTO RELEASE (optional)

I give permission for my **child/children** to be photographed by Peak Gymnastics & Fitness during classes and events for the purposes of advertising and promotion. I waive the right to approve the photos and understand that there will not be any compensation for the use of these photos.

Parent Signature: _____ Date: _____

TUITION AND PAYMENT POLICIES

Tuition is based on a six week session and is due on week six for the upcoming session. Your child will be automatically enrolled in the next six week session unless you give written (email) or verbal notification prior to the end of the current session that he or she will not be returning. A \$10.00 late fee will be charged to all accounts not paid by week six and your child's space will not be guaranteed.

An annual registration fee of \$35.00 will be paid upon enrollment (1st child), \$20.00 (each additional child). Parent's use of the cardio and fitness room is included with their child's tuition, however there is an annual maintenance fee of \$25 per family for those who are interested in using this equipment.

We will extend a 10% courtesy to each additional child enrolled after the first child.

There will be **no refunds** given once the session begins.

There will be a \$30.00 fee for all returned checks. We reserve the right to not accept your check if your check is returned.

Make-ups: Should your child miss a class, **ONE** make-up will be offered per session. The make-up class must be completed during the current session.

We would love to have your referrals. We offer a \$10.00 discount off your child's **next** six week session upon enrollment and payment of the person you referred.

DROP OFF & PICK UP POLICY

I understand that Peak Gymnastics & Fitness offers no supervision for my child before or after his or her class. I will stay with my child until his/her class begins, and if I leave, I will return before class is over to pick up my child.

Signature: _____ Date: _____